

2017 Retiree Enrollment Guide

Health is Your Wealth



Quick Start Guide

Who DOES need to take action?

Members who want to make changes to their healthcare coverage

Who DOES NOT need to take action?

Members in the following plans who don't want to make changes:

- Kaiser Permanente HMO in California (non-Medicare)
- Kaiser Permanente Senior Advantage in California (Medicare)
- UnitedHealthcare HMO in California (non-Medicare)
- Delta Dental
- Vision Service Plan (VSP)
- An individual Kaiser Permanente plan outside California
- An individual medical and/or prescription drug plan through OneExchange

Who MAY WANT to take action?

- Medicare-eligible members in a OneExchange plan who want to review whether their drug plan is still the best option based on changes in cost and their current needs—see page 7
- Non-Medicare-eligible UnitedHealthcare PPO participants outside of California or in rural areas of California. You may want to explore availability of a lower cost plan through OneExchange—see page 2

Open Enrollment Periods and Plan Years		
ACERA Healthcare Plans	Open Enrollment Period	Plan Year
<ul style="list-style-type: none">• Kaiser Permanente HMO California (non-Medicare)• Kaiser Permanente Senior Advantage California (Medicare)• UnitedHealthcare HMO and PPO (non-Medicare)• Delta Dental• Vision Service Plan (VSP)	November 1, 2016 – November 30, 2016	February 1, 2017 – January 31, 2018
<ul style="list-style-type: none">• OneExchange Non-Medicare Plans	November 1, 2016 - December 15, 2016	January 1, 2017 – December 31, 2017
<ul style="list-style-type: none">• OneExchange Medicare Plans	October 15, 2016 – December 7, 2016	

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INTRODUCTION

Health Plan Information You Need to Know

This annual 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 medical, dental, and vision plan premiums and subsidies, changes to coverage options, dependent documentation requirements, as well as information about the 2017 plan year Open Enrollment period, process, and deadlines.

Review Your Materials—It's Up to You

We encourage you to take the time to carefully review this guide and share it with your family as you consider your benefit needs for the coming year. It's up to you to understand your benefits, how they work, and how to take action. Keep it for ongoing reference about your health plan benefits should you have questions or need information. Also, be sure to refer to the back cover of this guide—it lists ACERA's and our health plan providers' contact information.

Open Enrollment for Plan Year 2017

ACERA's Open Enrollment period provides retirees, eligible dependents, and COBRA participants the annual opportunity to enroll in a health plan or change medical, prescription drug plans (Medicare), dental, and/or vision coverage for the upcoming plan year. Review the inside cover of the guide to see what the Open Enrollment period dates are for each healthcare plan.

Additionally, review the inside cover of the guide to see if you need to take action. If you're enrolled in an individual Medicare plan through OneExchange, you may want to take this time to review how well your Medicare Part D plan covers your prescription drugs and review any changes in coverage or cost for 2017. You may also take the opportunity to change Medicare supplement plans.

Instructions on how to take action and whether you need to submit enrollment forms is on page 5.

WHAT'S NEW FOR 2017

Continued Medical Plan Options for Members Outside of California and in Non-Metro California

Last year, ACERA solved the problem of limited healthcare options for non-Medicare-eligible retirees outside of California and in non-metro areas of California outside our group plan service areas. These retirees can newly enroll in or continue individual coverage through a private health insurance exchange called OneExchange and receive a Monthly Medical Allowance if they're eligible (page 22), or access the federal healthcare subsidy for public plans. Take note of the special Open Enrollment period for these plans on the inside cover. Visit www.acera.org/eligible to verify your eligibility, and see page 5 for information on how to enroll.

Reminder: Sign Up For the Medicare Part B Reimbursement Plan (MBRP)—It's Not Automatic and It's Not Paid Retroactively

ACERA currently provides eligible retired members (not their dependents) with a reimbursement benefit to help offset the cost of their Medicare Part B premium. To qualify, you must have 10 or more years of ACERA service credit or a Service Connected Disability Retirement. ACERA pays this non-vested benefit only if you apply. MBRP benefits begin the month following ACERA's receipt of your application. To apply, simply download the Medicare Part B Reimbursement Plan Application Form at www.acera.org/forms, complete the form, and return it to ACERA with a copy of your Medicare card showing Part B enrollment. See page 24 for more details.

Reminder: ACERA Offers a VSP Premium Vision Plan

ACERA offers a vision plan through VSP with enhanced benefits for members who choose to pay a little higher premium. Enhanced benefits include an increased allowance on frames and contact lenses to \$200, and the ability to get new frames every 12 months. See page 21 for more information.

Dental and Vision Premium Changes

Dental premiums will increase for all members with dental coverage. Vision plan monthly premiums will remain the same for the 2017 plan year.

Dental and Vision Monthly Premiums (Retiree Only)				
Dental & Vision Plans	0-9 Years of ACERA Service (Voluntary Enrollment)		10 or More Years of ACERA Service (Mandatory Enrollment)	
	2016	2017	2016	2017
Delta Dental PPO	\$55.42	\$59.22	\$39.49	\$42.66
DeltaCare USA	\$29.86	\$31.05	\$21.33	\$22.18
VSP Standard	\$4.70	\$4.70	\$4.24	\$4.24
VSP Premium (Buy-Up)	\$12.60	\$12.60	\$11.36	\$11.36

The new premiums will be withheld from your January 2017 retirement check if you are enrolled in one of these plans. See page 28 for more premium information.

Medical Monthly Premium Changes

Medical Monthly Premiums (Retiree Only)			
Plans	2016	2017	% Change
Kaiser HMO	\$671.82	\$729.08	8.52%
Kaiser Senior Advantage	\$329.90	\$354.73	7.53%
UHC HMO	\$982.06	\$982.06	0.00%
UHC PPO	\$2,570.50	\$2,822.42	9.80%
OneExchange plans	Premiums for individual plans through OneExchange depend on which plan you select.		

The new premiums for group plans will be withheld from your January 2017 retirement check. See pages 26–27 for more premium information.

Monthly Medical Allowance Will Remain the Same

The Monthly Medical Allowance (MMA) is remaining the same for all plans. See pages 22-24 for the MMA amounts.

◆ **Reminder:**
Delta Dental PPO
Maximum Renewals
February 1, 2017
(NOT January 1, 2017)

◆ **Check Your Service Credit**
To see the amount of ACERA service credit you earned during your career, use Web Member Services by visiting www.acera.org and clicking on the [Your Personal Account](#) button.

◆ The back of this guide provides the phone numbers and website addresses for each of our health plans. Contact the plans directly to find or change doctors for you and your family members.

◆ **Spend a Little Time Outside Daily**
 Take a stroll around your neighborhood or walk through a local park each day. Eat lunch on a bench outdoors. If you have a dog, take them for a five minute walk down the street. Being active outside is rejuvenating, even if just for a few minutes, and is a great way to enlighten your spirits without even trying.

Patient Advocacy Tools Are Available For You

Quality health care can be defined as the extent to which patients get the care they need in a manner that most effectively protects or restores their health. Choosing a high-quality health plan and a high-quality doctor plays a significant role in determining whether a patient will receive high quality care. Here are some online tools and information to help you make informed choices:

- **National Committee of Quality Assurance (NCQA)**
 Click on "Report Cards" for comparisons of health plans and clinicians www.ncqa.org
- **State of California Office of the Patient Advocate (OPA)**
 Get easy to follow information on how to choose and use your health plan at www.opa.ca.gov
- **The Leapfrog Group**
 Compare hospitals at www.leapfroggroup.org
- **Vitals.com**
 Find a doctor by name, specialty, or condition at www.vitals.com
- **Medicare.Gov**
 Compare physicians at www.medicare.gov/physiciancompare
- **GoodRx.com**
 Compare local prescription drug prices and find coupons at www.goodrx.com

Shrinking Medicare Donut Hole

Some members in plans through OneExchange have entered the Medicare Part D coverage gap, also known as the "donut hole," during 2016 when the amount that they and their plan spent on prescriptions reached \$3,310. If you're one of them, over the next few years, you'll pay less in the coverage gap until it's closed by 2020. By 2020, you'll pay only 25% for covered brand-name and generic drugs during the gap—the same percentage you pay from the time you meet the deductible (if your plan has one) until you reach the out-of-pocket spending limit (up to \$4,850 in 2016).

	You'll pay this percentage for brand-name drugs in the coverage gap	You'll pay this percentage for generic drugs in the coverage gap
2016	45%	58%
2017	40%	51%
2018	35%	44%
2019	30%	37%
2020	25%	25%

For participants of ACERA's Kaiser Permanente Senior Advantage Group Plan, a bridge applies over the donut hole and thus eliminates the coverage gap.

ELECTING YOUR HEALTHCARE COVERAGE

When Can I Enroll or Make Changes?

Open Enrollment is your annual opportunity to consider your benefit needs and options and to make changes, if needed. ACERA's Open Enrollment period for group plans is November 1 – November 30, 2016; you can change your Kaiser Permanente or UnitedHealthcare medical plan, you can change your Delta Dental plan, you can change your vision plan, and you can add or drop medical, dental, and vision coverage for your eligible dependents. Open Enrollment for an individual medical plan through OneExchange is depicted in the chart below.

Outside of Open Enrollment, you may enroll in coverage or make changes to your coverage if you inform ACERA in writing within 30 days after retirement or within 30 days after experiencing one of the qualifying events discussed on the webpage www.acera.org/when-to-enroll.

Requests for changes must be made in writing to ACERA.

ACERA Healthcare Plans	Open Enrollment Period	Plan Year
<ul style="list-style-type: none">• Kaiser Permanente HMO California (non-Medicare)• Kaiser Permanente Senior Advantage California (Medicare)• UnitedHealthcare HMO and PPO (non-Medicare)• Delta Dental• Vision Service Plan (VSP)	November 1, 2016 – November 30, 2016	February 1, 2017 – January 31, 2018
<ul style="list-style-type: none">• OneExchange Non-Medicare Plans	November 1, 2016 – December 15, 2016	January 1, 2017 – December 31, 2017
<ul style="list-style-type: none">• OneExchange Medicare Plans	October 15, 2016 – December 7, 2016	

When Will My Enrollment or Changes Be Effective?

Enrolling During Open Enrollment | If you enroll in a plan during the Open Enrollment period, your plan is effective on the first day of the plan year, as depicted in the chart above—either January 1 or February 1.

Enrolling Outside of Open Enrollment | For the effective date of your new coverage if you enroll in or change your plan outside of Open Enrollment, ask an ACERA staff member at your Ready-to-Retire counseling session or by contacting us at www.acera.org/contact or by phone (see back page).

Step 1: Do I Need to Take Action?

You Do Not Need to Take Action If:

You're in one or more of the following plans and you don't want to make changes to your plan, then no action is necessary.

- Kaiser Permanente HMO in California (non-Medicare)
- Kaiser Permanente Senior Advantage in California (Medicare)
- UnitedHealthcare HMO or PPO (non-Medicare)
- Delta Dental
- Vision Service Plan (VSP)
- An individual Kaiser Permanente plan outside California
- An individual medical and/or prescription drug plan through OneExchange

ELECTING YOUR HEALTHCARE COVERAGE

You Only Need to Take Action During Open Enrollment or With a Qualifying Event If:

- a. You want to newly enroll in a retiree medical, dental, and/or vision plan. (This includes members who live outside of California or in non-metro California where a medical plan was not formerly available through ACERA before 2016.)
- b. You want to switch medical or dental plans or switch to the premium vision plan.
- c. You want to add or drop medical, dental, and/or vision coverage for you or your eligible dependents. (Dental and vision coverage is mandatory for members with 10+ years of ACERA service credit).
- d. Your dependents age 19 to age 26 are enrolled in your health plans. You must submit an affidavit annually. See sidebar on page 9.
- e. Your personal information has changed (e.g., name, address, marital status). See How to Take Action.

At Retirement, You Will Need to Take Action:

- a. You need to take action to enroll in a medical plan for you and your eligible dependents.
- b. You need to take action to be enrolled in the mandatory and voluntary retiree dental and vision plans.
- c. You need to take action to add dental and/or vision coverage for your eligible dependents.
- d. If you are now Medicare-eligible, or becoming Medicare eligible, contact ACERA (see back page) and ask for the Healthcare Unit.

For More Information to Help You Decide:

- ✓ Review your current plan selections online through ACERA's Web Member Services if you are already retired. Simply go to www.acera.org, click on the [Your Personal Account](#) button, and log in to your existing account or create a new one. (For assistance, contact ACERA.)
- ✓ Review the plan highlights on pages 11-21.
- ✓ Review the new premiums on pages 26-28.

Step 2: How to Take Action

For Group Plans

- Kaiser Permanente HMO in California (non-Medicare)
- Kaiser Permanente Senior Advantage in California (Medicare)
- UnitedHealthcare HMO and PPO (non-Medicare)
- Delta Dental
- Vision Service Plan (VSP)

Follow the instructions below to enroll in, change, or switch medical, dental, and/or vision coverage for you and/or your dependent(s) for the plans above.

1. Visit ACERA's website at www.acera.org/forms. There you'll find enrollment forms you need to complete to enroll in coverage or to make changes to existing coverage. You can also request these forms from ACERA at 1-800-838-1932 or 510-628-3000.

2. If you are enrolling dependents in coverage for 2017, provide ACERA with the dependent verification documentation listed on page 9 of this guide.
3. Mail completed forms and applicable dependent verification documentation to ACERA. For Open Enrollment, your mail must be postmarked between November 1, 2016 and November 30, 2016. Outside of Open Enrollment, your mail must be postmarked within 30 days after retirement or after experiencing a qualifying event. See www.acera.org/when-to-enroll for more information.
4. If your personal information and/or marital status has changed, contact ACERA's Call Center at 1-800-838-1932 or 510-628-3000.

For OneExchange and Other Plans

- **Non-Medicare-Eligible:** You live outside of California or in parts of non-metro California outside of ACERA group plan service areas, and you want to enroll in medical insurance through ACERA. California residents should visit www.acera.org/eligible to verify their eligibility based on their zip code.
- **Medicare-Eligible:** You live anywhere in the U.S., you're Medicare-eligible, and you want to enroll in, change, or switch a OneExchange medical plan.

If you are in the two groups above, you can enroll in, change, or switch individual medical coverage through OneExchange. OneExchange is a private health insurance exchange where many healthcare companies offer a variety of medical plans for you to choose from. Healthcare plans in the federal and state public healthcare exchanges are also available to non-Medicare eligible members. OneExchange provides online or telephone enrollment to help you compare plans and make the right plan decisions for you. Follow the instructions below:

1. To enroll in or change plans through OneExchange, you do not fill out enrollment forms—simply call OneExchange or visit their website during Open Enrollment (see page 5 for dates) or within 30 days after retirement or a qualifying event to set up a phone enrollment appointment. **Note:** OneExchange cannot legally call you to set up an enrollment appointment or otherwise discuss enrollment. You must call them.

Non-Medicare-Eligible Members:

Visit www.oneexchange.com/acera or call 1-844-353-0770.

Medicare-Eligible Members:

Visit <https://medicare.oneexchange.com/acera> or call 1-888-427-8730.

To Make Your OneExchange Experience Helpful & Efficient, Follow These Steps

2. Before you call OneExchange for your enrollment appointment, have a list of all of your prescription medications in front of you so the Benefit Advisor you speak with can inform you about the co-pay required for each medication.
3. When you call OneExchange for your enrollment appointment, to help you choose between OneExchange plans, ask questions including the following:
 - a. What's the monthly premium cost for the plan?
 - b. What extras does the plan cover above the standard?
 - c. What does the OneExchange Benefit Advisor recommend?

◆ **Safety Members Not Eligible for Tax Deduction in OneExchange**

Currently, safety members (law enforcement and firefighters only) are eligible for a \$3,000 tax deduction if enrolled in the ACERA-sponsored group medical plan. However, due to federal tax regulations, safety members who enroll in an individual medical plan such as those offered by OneExchange will NOT be eligible for this tax deduction.

◆ **Call OneExchange ASAP**

If you need an appointment w/ OneExchange, call to schedule this appointment soon. Open Enrollment is a busy time for their Benefit Advisors, so don't wait until the last minute.

4. You are not obligated to choose a plan during the first call. In fact, once the Benefit Advisor narrows down the plan choices for you, you may ask them to mail you documentation on a small group of plans. You may want to ask your doctor some questions:
 - a. Does my doctor accept the plan?
 - b. What does my doctor recommend?
5. After you sign up for a plan you will receive a packet about your plan in the mail. Look over the plan documents within the 30-day grace period after your enrollment date to make sure the plan has the benefits you believe you signed up for. If the plan is different than you believe you signed up for, you may call OneExchange again during the grace period to enroll in the correct plan.

OneExchange will mail all current enrollees a newsletter each year prior to Open Enrollment. For members who are newly Medicare-eligible throughout the year, OneExchange will mail you an enrollment guide and other pertinent materials.

If you're already enrolled in a non-Medicare or Medicare plan through OneExchange, a few reasons you might want to call OneExchange to get more information about making a change would be:

- To determine if you are still in the best prescription drug plan for 2017. In some cases, the formularies or copays may change.
- You moved, and a plan in your new area may be less expensive and/or provide more coverage.
- You want to do a "premium comparison" to know how your premium compares to similar plans in your area.

If you will become Medicare eligible after February 1, 2017, sign up for one of ACERA's Medicare Transition Seminars at least 90 days before your 65th birthday at www.acera.org/medicare-seminars. You should also expect a packet mailed to you by Kaiser Permanente (if you are a Kaiser enrollee) regarding their Senior Advantage plan, and all Medicare eligible retirees will receive a packet from OneExchange explaining how the individual Medicare coverage works and how to enroll.

Note On Changing OneExchange Medigap Plans:

If you choose a Medigap plan through OneExchange, this plan may not be "guaranteed issue" after your first year during open enrollment. This means that if you switch Medigap plans through OneExchange during a future Open Enrollment period, your pre-existing conditions may have an effect on your ability to change plans as well as the cost of the new plan. This does not apply to Medicare Advantage plans or medical plans prior to Medicare-eligibility, which are guaranteed issue during each open enrollment. Contact OneExchange for more information.

ENROLLING YOUR ELIGIBLE DEPENDENTS

You Can Cover Your Dependents Under Your Plan(s)

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
- You 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 legal 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)
- You or your domestic partner’s child(ren) over age 26 who are incapable of supporting themselves due to a mental or physical handicap incurred prior to age 26 (you must provide proof of child’s incapacity prior to age 26).

To enroll your dependents for the first time in 2017, you need to provide the following documentation to ACERA:

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

◆ Annual Affidavit for 19–26 Yr. Old Dependents

You must submit an ACERA Affidavit of Dependent Eligibility EACH YEAR that your dependents age 19 to age 26 are enrolled in your health plans. The affidavit can be found at www.acera.org/forms. Contact ACERA if you have questions about the documentation required to enroll your eligible dependents. You can reach us at 1-800-838-1932 or 510-628-3000.

◆ Affidavit forms can be found at www.acera.org/forms.

◆ Do an Activity You Love Every Single Day

This can be as small as cooking your favorite breakfast, writing in a journal a few minutes, participating in a local event, pursuing a favorite hobby, or any other activity that you just truly love. Doing a small activity for yourself every day is a great way to enhance serotonin levels in the body to raise those feel good hormones regularly.

Enrolling Your Dependents in Kaiser Permanente or UnitedHealthcare

You and your dependents must be enrolled in coverage provided through the same ACERA medical plan carrier. If you are enrolled in Kaiser Permanente, your dependents can only be enrolled in Kaiser Permanente; if you enroll in UnitedHealthcare, your dependents can only be enrolled in UnitedHealthcare.

Enrolling Your Dependents Through OneExchange

If you and your dependent(s) enroll in a plan through OneExchange, you both must enroll using OneExchange. If you are not Medicare-eligible, your dependents must enroll in the same plan as you. However, if you ARE Medicare-eligible, you can enroll in different plans from your dependents and/or with different insurance carriers.

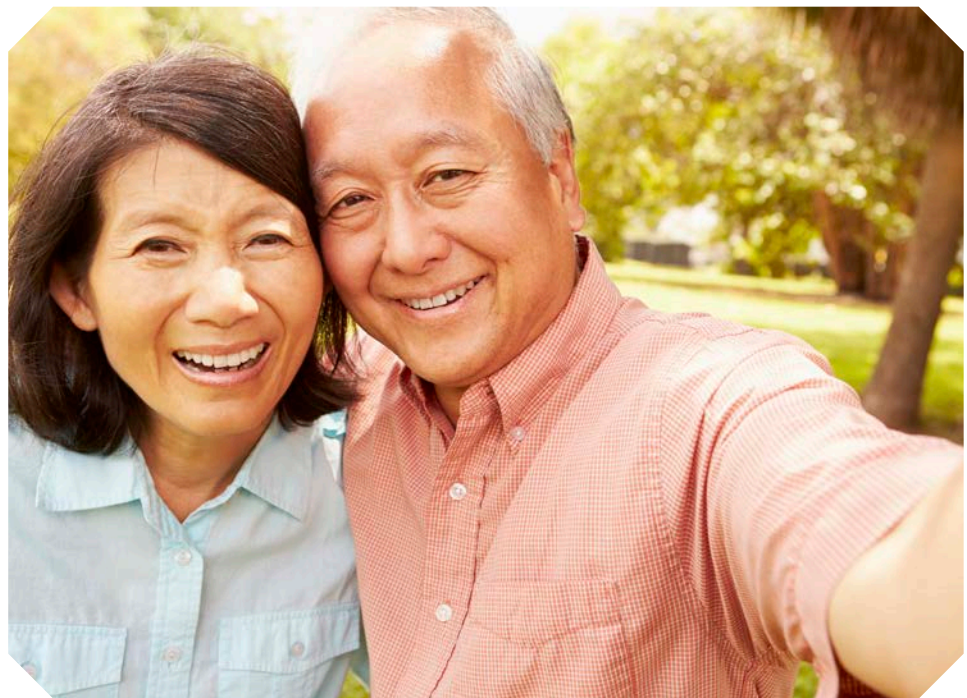
Other Options For Your Dependents

If you do not wish to seek medical coverage through ACERA for your dependents, here are some other options:

- KeenanDirect, an insurance broker, can help you find a plan in California. Visit www.keenandirect.com or call 1-855-653-3626.
- Visit www.healthcare.gov to find a healthcare plan through either the federal or your state health insurance exchange.

◆ COBRA and Your Dependents

If your dependents lose group plan medical coverage, the federal government's COBRA law allows your dependents to maintain enrollment in their current plan(s) for up to 18 months as long as the full monthly premiums associated with the plan(s) and administration fee is paid on a timely basis to ACERA. See page 31 for more information on COBRA.



MEDICAL PLANS

Non-Medicare Plan Options

Non-Medicare medical plans for members who are not yet eligible for Medicare (generally, those under age 65) are:

- Kaiser Permanente HMO in California service areas
- Kaiser Permanente individual plan in Kaiser service areas outside California
- UnitedHealthcare SignatureValue HMO in California service areas
- UnitedHealthcare Choice Plus PPO throughout the U.S.
- Individual plans through OneExchange in the U.S. outside of California or in non-metro California outside of ACERA group plan service areas

Medicare Plan Options

Medicare plans for members who are eligible for Medicare (generally those over age 65 or with certain qualifying medical conditions) are:

- Kaiser Permanente Senior Advantage group plan in California service areas
- Individual Kaiser Permanente plans in Kaiser service areas outside California
- An individual plan through OneExchange throughout the U.S.

To enroll in an ACERA-sponsored Medicare plan or an individual plan, you must first sign up for and maintain enrollment in Medicare Parts A and B. For more information on how ACERA-sponsored plans work with Medicare, click on the Retiree Health Plans button at www.acera.org or simply visit www.acera.org/health-plans.

◆ Try a New Activity Once a Month

Our schedules can turn us into creatures of habit, just going through the motions, which can lead to boredom and losing our passion for things we care about. So try a new activity at least once a month. This can be something as simple as trying a new cooking method or recipe, trying a new exercise or sport, doing activities in a different atmosphere, or even just shopping at a local farmer's market instead of a grocery store. Expose yourself to new activities and see how great it can make you feel!



◆ Service Area Is By Zip Code

Working in/for Alameda County allows you to be considered in the service area of Kaiser Permanente and UnitedHealthcare HMO. However, once you retire, your zip code will be the determining “service area” factor. Thus, you may not be eligible for the same medical plan you had while you were working. Also, the service area diminishes from 30 miles to 20 miles once you become Medicare eligible.

Understand Each Plan’s Service Area, Benefits, & Costs

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 or continue to be enrolled. Therefore, before you consider purchasing retirement property or moving outside California or to a non-metro part of California, we strongly recommend that you call the plan’s customer service number or visit its website to verify that your residence will be within the plan’s service area and to verify access to providers, including doctors, specialists, and hospitals that participate in each plan’s network. Find these phone numbers and websites on the back page of this guide.

If you’re not Medicare-eligible and you plan to move outside California or to a non-metro area of California, you can visit www.acera.org/eligible to see if your potential zip code will qualify you to seek an individual plan through OneExchange.

The charts on pages 13 and 14 provide a brief summary of each plan’s benefits and key features. For a summary of the prescription drug coverage each plan provides, see page 15.

The monthly premium costs for most of the 2017 plans, begin on page 26.



Non-Medicare Plans

ACERA-Sponsored Medical Plan Highlights

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	No charge	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 per calendar year
Hearing Services	No charge	\$15 copay; Hearing Aid: Standard; \$5,000 benefit maximum per calendar year; limited to one hearing aid (including repair/replacement per hearing impaired ear every three years; paid in full	\$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>Focus on Your Well-Being Take advantage of in-person health classes and personalized online programs</p> <p>Focus on Your Health Preventive care benefits and 24 hour nurse advice</p> <p>Network Doctor Collaboration Your PCP coordinates your care and works collaboratively with Kaiser specialists</p> <p>Worldwide Urgent or Emergency Coverage In the event of an emergency or need for urgent care, you are covered worldwide</p> <p>Kaiser Permanente Website Through www.kp.org, 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>24-Hour Health Information You have access to a nurse line as a supplement to your physician's care and to answer your general questions</p> <p>HealthCredits 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>Finding a Doctor UnitedHealthcare's online provider directory allows you to search for providers that meet your specific needs (e.g., specialty or location) www.welcometouhc.com/alameda</p> <p>Health Allies The program offers savings on a wide range of activities, products and services that help you to live a healthier lifestyle</p>	<p>24-Hour Health Information You have access to a nurse line as a supplement to your physician's care and to answer your general questions</p> <p>Finding a Doctor UnitedHealthcare's online provider directory allows you to search for providers that meet your specific needs (e.g., specialty or location); register on www.myuhc.com for your benefit plan specifics, claims, ID cards, and many other services</p>

Medicare Plans

ACERA-Sponsored Medical Plan Highlights

Plan Benefits	Kaiser Permanente Senior Advantage in California	OneExchange Medicare Exchange
PCP/Specialist Office Visits	\$10 copay	<p>Actual benefits will depend on the individual plan in which you are enrolled. When you call OneExchange to enroll, your Benefit Advisor will help you find a plan that's right for you. See page 7 for more information on enrolling in a medical plan through OneExchange.</p> <p>Note: If you choose a Medigap plan through OneExchange, this plan may not be "guaranteed issue" after your first year during open enrollment. This means that if you switch Medigap plans through OneExchange during a future Open Enrollment period, your pre-existing conditions may have an effect on your ability to change plans as well as the cost of the new plan. This does not apply to Medicare Advantage plans or medical plans prior to Medicare-eligibility, which are guaranteed issue during each open enrollment. Contact OneExchange for more information.</p>
Ambulance Services	No charge	
Emergency Services	\$25 copay	
Hospitalization	No charge	
Durable Medical Equipment	No charge when prescribed (provided only within Kaiser's service area)	
Skilled Nursing Care	No charge up to 100 days/benefit period	
Vision Care	\$10 copay/eye exam \$150 allowance every 24 months	
Hearing Services	\$10 copay for exam Hearing Aid: \$1,000 hearing aid allowance/device (aid) per three years	
Other Important Plan Features	<p>Focus on Your Well-Being Take advantage of in-person health classes and personalized online programs.</p> <p>Focus on Your Health Preventive care benefits and 24 hour nurse advice.</p> <p>Network Doctor Collaboration Your Primary Care Physician coordinates your care and works collaboratively with Kaiser specialists.</p> <p>Worldwide Urgent or Emergency Coverage In the event of an emergency or need for urgent care, you are covered worldwide.</p> <p>Kaiser Permanente Website Through www.kp.org, 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>	

PRESCRIPTION DRUGS

Highlights of each plan's prescription drug coverage are included in the table below.

Prescription Drug Coverage Highlights		
Plan	Retail Pharmacy	Mail Order
ACERA-Sponsored Non-Medicare Plans		
Kaiser Permanente HMO		
• Generic, Brand Non-Formulary	\$15 copay; 100-day supply	\$15 copay; 100-day supply
UnitedHealthcare SignatureValue HMO		
• 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
UnitedHealthcare Choice Plus PPO (In-Network)		
• 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
ACERA-Sponsored Medicare Plans		
Kaiser Permanente Senior Advantage in California		
• Generic, Brand Non-Formulary	\$10 copay; 100-day supply	\$10 copay; 100-day supply
OneExchange	Coverage options will vary based on the enrolled plan	

Prescription Coverage and Kaiser Permanente Senior Advantage

Medicare Part D prescription drug coverage is included in the Kaiser Permanente Senior Advantage Medicare plan through ACERA. You should not enroll in a stand-alone Medicare Part D plan (e.g., through Walmart or CVS), because in doing so, you would jeopardize your entire medical coverage through ACERA.

Prescription Coverage and OneExchange

Non-Medicare plans through OneExchange include prescription drug coverage. Each plan's coverage may differ. When you talk to a OneExchange Benefit Advisor during your enrollment, the Benefit Advisor can help you choose a plan based on your prescriptions to keep your prescription costs as low as possible.

Medicare Advantage plans through OneExchange include Part D prescription drug coverage, so you should not enroll in a stand-alone Medicare Part D plan (e.g., through Walmart or CVS) because you will jeopardize your entire medical coverage.



◆ **Eat Good Fats**
Eating fats is essential to life—every single cell in your body has a membrane made from the fats you eat. Healthy fats are like fuel for a good mood, and promote good heart and brain health. Go for avocados, eggs, almonds and almond butter, walnuts, flax seeds, pumpkin seeds, sesame seeds and tahini, pecans, olives, extra virgin olive oil, raw coconut, coconut oil, and fatty fish like wild-caught salmon, tuna, sardines, and anchovies.

Medigap plans through OneExchange do not include prescription drug coverage. However, you can enroll in a Medicare Part D prescription plan through OneExchange and utilize your Monthly Medical Allowance to pay for it. You should not enroll in a stand-alone Part D plan (e.g. through Walmart or CVS) because you would jeopardize your Part D coverage through OneExchange, and you would not be able to use ACERA's Monthly Medical Allowance to pay for the stand-alone plans.

Both types of plans through OneExchange allow you to use any excess Monthly Medical Allowance that you are eligible for to pay for prescription copays by sending claims to OneExchange. See pages 23 and 24 for more information.

Part D Drug Formularies Can Change During the Plan Year

Your prescription drug plan has a list of the drugs it covers (called a "formulary"). Insurance companies often adjust formularies at the start of the plan year and may make adjustments throughout the plan year as well. Your plan may add drugs to its formulary during the plan year, replace brand-name drugs with new generic drugs; or modify formularies based on new information about drug safety and effectiveness as long as they send you a 60-day notice prior to the change. Your plan can have drugs removed from its formulary, or moved to a more expensive tier within the formulary. Again, a notice must be sent to you 60 days in advance. However, Part D plans may not change therapeutic categories and classes in a formulary other than at the beginning of each plan year.

Lower Prescription Prices

If you are enrolled in a plan through UnitedHealthcare or OneExchange, try shopping around for lower prescription prices. If you call your local pharmacies they will quote prescription prices over the phone. Or try www.goodrx.com for an online price comparison and coupons.

For more information on the shrinking Medicare Part D coverage gap (donut hole), see page 4.

DENTAL & VISION PLANS

Your Dental and Vision Coverage

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 with 10 or more years of ACERA service credit must enroll in dental and vision coverage, and ACERA currently subsidizes the monthly premium costs for this coverage. All service-connected disability retirees as well as non-service connected disability retirees with an effective retirement date prior to 2/1/2014 are included in this group.

Retired members with less than 10 years of ACERA service credit may enroll in a voluntary dental and/or vision plan. However, the full premium will be payable through retirement payroll deductions.

Enrollment is voluntary for ACERA non-member payees (e.g., surviving or former spouses/domestic partners) and eligible dependents. The retiree is responsible for 100% of the monthly premium for this coverage. The premium is deducted from your monthly retirement allowance. Your allowance 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 brief summary of each plan option follows. Premium costs effective February 1, 2017, are listed on page 28.

Dental Plan Highlights	
Plan	Key Features
Delta Dental PPO Plan	Under the Delta Dental PPO Plan, 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>DeltaCare USA contracts with a network of private dental offices in California 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 & VISION PLANS

Benefits Coverage*	Delta Dental PPO Plan			DeltaCare USA
	In-Network	Premier Dentist**	Out-of-Network**	
Plan Year Benefit Maximum	\$1,300	\$1,000	\$1,000	None
Plan Year Deductible				
• Single	No deductible	\$50	\$50	None
• Family	No deductible	\$150	\$150	None
Diagnostic				
• Oral Exams	100%	100%; no deductible	100%; no deductible	100%
• X-Rays	100%	100%; no deductible	100%; no deductible	100%
Preventive				
• Routine Cleanings	100%	100%; no deductible	100%; no deductible	100%
• Fluoride Treatment	100%	100%; no deductible	100%; no deductible	100%
Basic				
• Fillings	80%	70% after deductible	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
• Sealants	80%	70% after deductible	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
• Crowns	60%	60% after deductible	50% after deductible	Copay varies; see Schedule of Benefits for specific amounts
• Inlays/Onlays	60%	50% after deductible	50% after deductible	Copay varies; see Schedule of Benefits for specific amounts
• Endodontics	80%	70% after deductible	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
• Periodontics	80%	70% after deductible	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
• Oral Surgery	80%	70% after deductible	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
Prosthetic & Other				
• Bridges, Partial and Full Dentures, Implants	60%	50% after deductible	50% after deductible	Copay varies; see Schedule of Benefits for specific amounts; implants not covered
• TMJ Benefits	50%; \$500 lifetime max	50% after deductible; \$500 lifetime max	50% after deductible; \$500 lifetime max	Not covered
• Orthodontia	Not covered	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 ACERA.

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 (the payment comes out of your annual maximum). 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, 2017	Yes	Delta Dental
June 10, 2017	Yes	Delta Dental
September 10, 2017	No	You
January 10, 2018	No	You
February 10, 2018	Yes	Delta Dental (because a new plan year begins on February 1, 2018)

Important Delta Dental Plan Year Rules

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 treatments you receive between February 1 and January 31 the following year. Under the Delta Dental PPO, the maximum amounts payable are \$1,300 for treatment provided by an in-network PPO Delta Dental dentist and \$1,000 for treatment provided by a Premier or an out-of-PPO network dentist.

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 Delta Dental 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 will carry over into retirement.

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 PPO and seeing a PPO dentist.)

Your Status	Month Dental Treatment Obtained	Delta Dental PPO Pays*	Maximum Annual Amount Remaining*
Active	March and April 2017	\$800	\$500
Retired	June 2017	\$500	\$0
Retired	October 2017	\$0	\$0
Retired	March 2018	\$400	\$900 (because a new plan year begins February 1, 2018)

* Sample amounts are based on a \$1,300 yearly maximum when visiting an in-network PPO Delta Dental dentist.

◆ For comprehensive plan descriptions, contact ACERA to request Evidence of Coverage (EOC) booklet(s).

◆ **Do Some Sort of Stretching Per Day**
Stretching improves your mood, releases muscle tension, prevents muscle cramps, improves lymphatic flow and blood flow that can make you happier, and keeps digestion working well. It also prevents muscle stagnation that can just make you feel badly. Stretch in the morning a little and a little more at night before bed. Even just a couple minutes will make you feel better—try it!

◆ To get the most coverage for your dollars, use a PPO, in-network 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 a premier or an out-of-PPO-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 Delta 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 plan 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 Dental Treatment Obtained	Amount of Deductible* You Pay	Remaining Deductible* You Must Pay Before Delta Dental PPO Pays
Active	March 2017	\$35	\$15
Retired	June 2017	\$15	\$0
Retired	October 2017	\$0	\$0
Retired	March 2018	\$35	\$15 (because a new plan year begins February 1, 2018)

* 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.

Differences Between In-Network vs. Premier & Out-of-Network

Delta Dental PPO Dentist	Delta Dental Premier® Dentist & Non-Delta Dental Dentist
You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist, also known as “In-Network.”	Premier dentists may not balance bill above Delta Dental’s approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists’ charges. You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist.
You are charged only the patient’s share* at the time of treatment. Delta Dental pays its portion directly to the dentist.	Premier dentists charge you only the patient’s share* at the time of treatment. Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement.
PPO dentists will complete claim forms and submit them for you at no charge.	Premier dentists will complete claim forms and submit them for you at no charge. You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you.**

* Patient’s share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum, and any services your plan does not cover.

** If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist’s total fee, which may include amounts in excess of your share of your plan’s contract allowance.

Vision Coverage

Comprehensive vision coverage is provided through Vision Service Plan (VSP) through two plans—Standard and Premium (Buy-Up). Retired members with ten or more years of ACERA service credit must enroll in at least the Standard vision coverage. Currently, ACERA subsidizes the premium costs for this Standard coverage. The VSP Standard Plan covers a variety of benefits in the table below, and the Premium plan has higher coverage amounts. For retirees with less than 10 years of ACERA service credit, voluntary coverage is available.

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/go/acera.

Premium costs effective February 1, 2017 are listed on page 28.

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 full bill and submit a claim to VSP for reimbursement. Claim forms are available through VSP’s website at www.vsp.com/go/acera, the ACERA website at www.acera.org/forms, or by request from ACERA. You must file claims within six months of the service.

Summary of VSP Vision Plan Benefits			
Benefit Description	VSP Choice Network Provider		Non-VSP Network Provider
	Standard	Premium (Buy-Up)	Standard & Premium
Exam (once every 12 months)	100%	\$15 copay, every 12 months	Up to \$45
Prescription Glasses	\$25 copay		\$25 copay
Single Vision Lenses	100%, every 12 months	100%, every 12 months	Up to \$30
Lined Bifocal Lenses	100%, every 12 months	100%, every 12 months	Up to \$50
Lined Trifocal Lenses	100%, every 12 months	100%, every 12 months	Up to \$65
Tints and Photochromics	N/A	100%	N/A
Progressive Lenses	N/A	\$25 copay	N/A
Anti-Reflective Lens Coating	N/A	\$25 copay	N/A
Frames	Every 24 months: \$150 allowance with 20% discount on amount above allowance	Every 12 months: \$200 allowance with 20% discount on amount above allowance	Up to \$70
Contact Lenses	\$105 allowance for contacts and contact lens exam and fitting	\$200 allowance for contacts and contact lens exam and fitting	Up to \$105

VSP TruHearing MemberPlus Program

A hearing aid discount program called TruHearing MemberPlus Program offered by VSP is available to our vision care members and their covered dependents at no cost. As an added benefit, our retirees can add up to four guest members (parents, siblings). The MemberPlus Program includes:

- Savings of up to 50% on hearing aides
- Yearly comprehensive hearing exams for \$75
- 3 visits with a hearing professional after purchase (fitting, programming, and/or adjustments)
- Manufacturer’s coverage for one-time loss or damage for 3 years (replacement fee paid to manufacturer)
- 3-year repair warranty
- 48 batteries per purchased hearing aid

To learn more and sign-up go to vsp.truhearing.com

◆ **Healthcare Benefits Are Not Guaranteed**

Dental, Vision, the Monthly Medical Allowance (MMA), and the Medicare Part B Reimbursement Plan (MBRP) are non-guaranteed (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.

◆ **Check Your Service Credit**

To see the amount of ACERA service credit you earned during your career, use Web Member Services by visiting www.acera.org and clicking on the Your Personal Account button.

Health Plans Have a Monthly Premium

The monthly cost of being enrolled in a healthcare plan is called a “premium.” Premiums for medical, dental, and vision coverage are based on the plan and coverage level you select. Your monthly retirement allowance must be sufficient to cover your plan premium costs to enroll in Category 1 group plans below.

Monthly Medical Allowance

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

This benefit is only available for payment toward an ACERA-sponsored medical plan including individual plans through OneExchange. The cost of private insurance is not covered.

There is no MMA offset provided to:

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

ACERA retirees are responsible for 100% of the costs associated with covering these individuals.

Monthly Medical Allowance – Category 1

- Kaiser Permanente HMO in California
- Kaiser Permanente Senior Advantage in California
- UnitedHealthcare HMO and PPO

The maximum MMA amount is limited to your self-only medical premium or the highest allowable benefit under the MMA, whichever is lower. Plan premium costs exceeding the MMA contribution are deducted from your monthly retirement allowance. Premiums for your dependents are also deducted from your monthly retirement allowance. Your monthly retirement allowance must be sufficient enough to cover the cost of your premium to enroll in a medical plan; likewise your monthly allowance must be sufficient enough to cover the cost of your dependent’s premiums or you are not able to add/enroll them.

Monthly Medical Allowance – Category 2

- Kaiser Permanente Non-Medicare Individual Plans Outside California
- Individual Non-Medicare Plans Through OneExchange

Your MMA can be used to pay your self-only monthly medical plan premiums as well as medical or prescription copays and deductibles (our plan excludes other IRS Code Section 213(d) reimbursement expenses). You will need to submit those claims to OneExchange (including Kaiser members) for reimbursement. Unused MMA amounts at the year’s end do not carry over into the new plan year.

The MMA is prorated according to your years of ACERA service. The MMA amounts for 2017 were held at the same level as 2016 and are noted in the table:

MMA Amounts for Category 1 & 2		
Years of ACERA Service	Portion of MMA	MMA Amount
0-9 years	No MMA	\$0
10-14 years	1/2	\$270.22
15-19 years	3/4	\$405.33
20+ years	Full	\$540.44

An Alternative to the MMA for OneExchange Plans: A Federal Subsidy

When you call OneExchange to explore enrolling in a non-Medicare-eligible plan, your Benefit Advisor can help you choose between utilizing ACERA’s MMA to offset your medical plan costs (if you’re eligible), or selecting a public healthcare plan and utilizing the federal government’s healthcare subsidy (tax credit) to offset the costs of your plan. The level of subsidy you could be eligible for is based on your level of income. **You can’t receive both an MMA from ACERA and a federal subsidy.**

Monthly Medical Allowance – Category 3

- Kaiser Permanente Senior Advantage individual plans outside California (Medicare)
- OneExchange Medicare Plans

Monthly premiums in Category 3 plans are lower than Category 1 premiums, so the MMA amounts are accordingly lower. Your MMA can be used to pay your self-only monthly medical plan premiums as well as medical or prescription copays and deductibles (our plan excludes other IRS Code Section 213(d) reimbursement expenses). You will need to submit those claims to OneExchange for reimbursement (including Kaiser members). Unused MMA amounts at the year’s end do not carry over into the new plan year.

Category 2 & 3 Plans and Retirees Who Return to Work

If you return to work for one of ACERA’s participating employers and you are enrolled in an individual plan either through OneExchange or Kaiser Permanente (outside California), you will not be eligible to receive the Monthly Medical Allowance (MMA) for your medical coverage during this “return to work period.” Thus, you would be responsible for paying the individual coverage premiums and would not receive a subsidy from ACERA through a Health Reimbursement Account (HRA). Visit www.acera.org/employers for a list of ACERA’s participating employers.

Making OneExchange Reimbursements Easier

Look for ACERA’s pamphlet on Making Reimbursements Easier at www.acera.org/publications.

The MMA provided to offset those costs, prorated according to your years of ACERA service will be offered as follows:

MMA Amounts for Category 3		
Years of ACERA Service	Portion of MMA	MMA Amount
0-9 years	No MMA	\$0
10-14 years	1/2	\$207.00
15-19 years	3/4	\$310.50
20+ years	Full	\$414.00

How Will I Pay?

Category 1 Plans

Your monthly premiums will be deducted from your monthly retirement allowance and you will be paid the MMA amount you are eligible for in the same pension check, not to exceed the premium amount.

Category 2 & 3 Plans

You make payments directly to your insurance carrier. To set up an automatic monthly payment for the plan directly to the insurance carrier from your bank account, simply call OneExchange at the number on the back of this guide, even if you're in an individual Kaiser Permanente medical plan outside of California. If you are eligible for ACERA's Monthly Medical Allowance, ACERA will fund a tax-free Health Reimbursement Account (HRA) up to the amount you are eligible for. You can also set up an automatic reimbursement to your bank account. **While ACERA does provide limited support, retirees have to assume a greater responsibility for accounting when choosing a plan that provides reimbursement through an HRA.** Review ACERA's publication "Making Reimbursements Easier" at www.acera.org/publications for helpful hints.

Remember to Sign Up For the Medicare Part B Reimbursement Plan (MBRP)—It's Not Automatic and It's Not Paid Retroactively

Once you become Medicare-eligible, to continue your enrollment in an ACERA sponsored Medicare plan (including plans through OneExchange), you are required to pay your Medicare Part B premium. Medicare may either deduct the premium from your Social Security check or bill you directly on a quarterly basis. To help offset this cost, ACERA currently provides eligible retired members (not their dependents) with the lowest standard premium reimbursement amount for their Medicare Part B premium. To qualify, you must have 10 or more years of ACERA service or a Service Connected Disability Retirement.

◆ **A Small Bit of Calm Each Day**
Stressful days can turn into sleepless nights. Before turning out the lights, dedicate five minutes to meditation; it'll help you wind down for a better night of sleep, which means a more productive tomorrow. Don't know how? Start off by typing "guided meditation" into www.youtube.com. Also try it in the morning when you first wake up for a mindful start to your day.

ACERA pays this non-vested benefit only if you apply. MBRP benefits begin the month following ACERA's receipt of your application. To apply, simply download the Medicare Part B Reimbursement Plan Application Form at www.acera.org/forms, complete the form, and return it to ACERA with a copy of your Medicare card showing Part B enrollment.

Some Members Must Annually Certify Medicare Part B Enrollment

Participants of ACERA's Medicare Part B Reimbursement Plan (MBRP) who are not enrolled in one of ACERA's medical plans are required to certify enrollment in Medicare Part B by remitting to ACERA a copy of the most recent Social Security Administration/Railroad Retirement monthly benefit payment statement, or for those not receiving Social Security benefits, the quarterly billing statement. This certification is not necessary for retirees or dependents enrolled in the Kaiser Permanente Senior Advantage Plan or a Medicare medical plan through OneExchange since in order to be enrolled in these plans, participants must be enrolled in Medicare Parts A and B.

Frequently Asked Questions About Health Plan Premiums

My group 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 ACERA for more information (see back page).

Can I use my Category 2 or 3 Monthly Medical Allowance to pay for medical and prescription copays and/or deductibles?

Yes, this Monthly Medical Allowance is to be used for medical and prescription monthly premiums as well as for these specific types of copays and deductibles.

◆ **Eat One Green Food Per Day**

Eating one green vegetable per day or one leafy green is a great way to get yourself healthier in the kitchen without much thought. Try looking up recipes for roasted brussels sprouts or zucchini, wilted spinach, kale chips, caesar salad, or sautéed broccoli, baby bok choy, or asparagus.



HEALTH PLAN COSTS

Non-Medicare Eligible Plan Costs

Monthly Medical Plan Premiums and Costs

Medical Plans	0 - 9 Years of ACERA Service Credit			10 - 14 Years of ACERA Service Credit		
	Self	Self + 1	Family	Self	Self + 1	Family
Kaiser Permanente HMO Premium	\$729.08	\$1,458.16	\$2,063.30	\$729.08	\$1,458.16	\$2,063.30
• MMA Contribution	\$0	\$0	\$0	\$270.22	\$270.22	\$270.22
• Cost to Retiree	\$729.08	\$1,458.16	\$2,063.30	\$458.86	\$1,187.94	\$1,793.08
UnitedHealthcare HMO Premium	\$982.06	\$1,964.06	\$2,779.12	\$982.06	\$1,964.06	\$2,779.12
• MMA Contribution	\$0	\$0	\$0	\$270.22	\$270.22	\$270.22
• Cost to Retiree	\$982.06	\$1,964.06	\$2,779.12	\$711.84	\$1,693.84	\$2,508.90
UnitedHealthcare Choice Plus PPO Premium	\$2,822.42	\$5,475.20	\$7,732.88	\$2,822.42	\$5,475.20	\$7,732.88
• MMA Contribution	\$0	\$0	\$0	\$270.22	\$270.22	\$270.22
• Cost to Retiree	\$2,570.50	\$4,986.52	\$7,042.70	\$2,552.20	\$5,204.98	\$7,462.66

Medical Plans	15–19 Years of ACERA Service Credit			20 or More Years of ACERA Service Credit		
	Self	Self + 1	Family	Self	Self + 1	Family
Kaiser Permanente HMO Premium	\$729.08	\$1,458.16	\$2,063.30	\$729.08	\$1,458.16	\$2,063.30
• MMA Contribution	\$405.33	\$405.33	\$405.33	\$540.44	\$540.44	\$540.44
• Cost to Retiree	\$323.75	\$1,052.83	\$1,657.97	\$188.64	\$917.72	\$1,522.86
UnitedHealthcare HMO Premium	\$982.06	\$1,964.06	\$2,779.12	\$982.06	\$1,964.06	\$2,779.12
• MMA Contribution	\$405.33	\$405.33	\$405.33	\$540.44	\$540.44	\$540.44
• Cost to Retiree	\$576.73	\$1,558.73	\$2,373.79	\$441.62	\$1,423.62	\$2,238.68
UnitedHealthcare Choice Plus PPO Premium	\$2,822.42	\$5,475.20	\$7,732.88	\$2,822.42	\$5,475.20	\$7,732.88
• MMA Contribution	\$405.33	\$405.33	\$405.33	\$540.44	\$540.44	\$540.44
• Cost to Retiree	\$2,417.09	\$5,069.87	\$7,327.55	\$2,281.98	\$4,934.76	\$7,192.44

Medicare Eligible Plan Costs

Monthly Medical Plan Premiums and Costs

Medical Plans	0 - 9 Years of ACERA Service Credit						
	Self with Medicare	Self + 1 (both with Medicare)	Self + 1 (member only with Medicare)*	Self + 1 (spouse only w/ Medicare)	Self + 1 + Family (two with Medicare)*	Self + 1 + Family (member only with Medicare)*	Self + 1 + Family (spouse only w/ Medicare)
Kaiser Permanente Senior Advantage	\$354.73	\$709.46	\$1,083.81	\$1,083.81	\$1,314.60	\$1,688.95	\$1,688.95
• MMA Contribution	\$0	\$0	\$0	\$0	\$0	\$0	\$0
• Cost to Retiree	\$354.73	\$709.46	\$1,083.81	\$1,083.81	\$1,314.60	\$1,688.95	\$1,688.95
OneExchange Medicare Plans	Individual plans will have individual costs based on age and location.						
	10 - 14 Years of ACERA Service Credit						
Kaiser Permanente Senior Advantage	\$354.73	\$709.46	\$1,083.81	\$1,083.81	\$1,314.60	\$1,688.95	\$1,688.95
• MMA Contribution	\$270.22	\$270.22	\$270.22	\$270.22	\$270.22	\$270.22	\$270.22
• Cost to Retiree	\$84.51	\$439.24	\$813.59	\$813.59	\$1,044.38	\$1,418.73	\$1,418.73
OneExchange Medicare Plans	Individual plans will have individual costs based on age and location.						
	15–19 Years of ACERA Service Credit						
Kaiser Permanente Senior Advantage	\$354.73	\$709.46	\$1,083.81	\$1,083.81	\$1,314.60	\$1,688.95	\$1,688.95
• MMA Contribution	\$354.73	\$354.73	\$354.73	\$405.33	\$354.73	\$354.73	\$405.33
• Cost to Retiree	\$0.00	\$354.73	\$729.08	\$678.48	\$959.87	\$1,334.22	\$1,283.62
OneExchange Medicare Plans	Individual plans will have individual costs based on age and location.						
	20 or More Years of ACERA Service Credit						
Kaiser Permanente Senior Advantage	\$354.73	\$709.46	\$1,083.81	\$1,083.81	\$1,314.60	\$1,688.95	\$1,688.95
• MMA Contribution	\$354.73	\$354.73	\$354.73	\$540.44	\$354.73	\$354.73	\$540.44
• Cost to Retiree	\$0.00	\$354.73	\$729.08	\$543.37	\$959.87	\$1,334.22	\$1,148.51
OneExchange Medicare Plans	Individual plans will have individual costs based on age and location.						

* Not all premium combinations are shown on this page. Please contact ACERA for more information.

HEALTH PLAN COSTS

Monthly Dental and Vision Plan Premiums and Costs

Dental and vision plan monthly premiums are subsidized with mandatory enrollment for retirees who have

- a. 10 or more years of ACERA service credit
- b. Service-connected disability
- c. Non-service-connected disability retirement prior to 2/1/2014

Dental and Vision Plans	0 - 9 Years of ACERA Service Credit			10 or More Years of ACERA Service Credit or b. and c. above		
	Self	Self + 1	Family	Self	Self + 1	Family
DENTAL PLANS						
Delta Dental PPO	\$59.22	\$97.60	\$157.84	\$42.66	\$81.66	\$142.95
• ACERA Contribution	\$0	\$0	\$0	\$42.66	\$42.66	\$42.66
• Cost to Retiree	\$59.22	\$97.60	\$157.84	\$0.00	\$39.00	\$100.29
DeltaCare USA	\$31.05	\$45.51	\$63.00	\$22.18	\$36.64	\$54.13
• ACERA Contribution	\$0	\$0	\$0	\$22.18	\$22.18	\$22.18
• Cost to Retiree	\$31.05	\$45.51	\$63.00	\$0.00	\$14.46	\$31.95
VISION PLANS						
Vision Service Plan Standard	\$4.70	\$6.83	\$12.26	\$4.24	\$6.16	\$11.06
• ACERA Contribution	\$0	\$0	\$0	\$4.24	\$4.24	\$4.24
• Cost to Retiree	\$4.70	\$6.83	\$12.26	\$0	\$1.92	\$6.82
Vision Service Plan Premium (Buy-up)	\$12.60	\$18.31	\$32.86	\$11.36	\$16.50	\$29.64
• ACERA Contribution	\$0	\$0	\$0	\$4.24	\$4.24	\$4.24
• Cost to Retiree	\$12.60	\$18.31	\$32.86	\$7.12	\$12.26	\$25.40

WELLNESS TOOLS

You want to feel like a million dollars. You want to breathe easy. You want to move. If given a choice, no one would choose to feel tired, confused, worried, and blasé over feeling robust and energetic. In reality, you are not faced with a single big choice, but a variety of small choices you make that add up to wellness or sickness.

Finding the motivation to make healthy choices is often challenging. The single best thing you can do to find motivation is to find help—establish relationships with communities that inspire and sustain hope and use those relationships to help you to learn, practice, and master the new ways of thinking, habits, and skills that you need to thrive.

Your medical care providers offer a ton of resources to help you find some of those new ways of thinking, discover the information you need, and connect with others.

It may seem hard, but you are really successful in a lot of other areas of your life, so you absolutely have wellness success within you.

Kaiser Permanente Resources

Kaiser has many resources for its members, but a lot of them are also available to anyone who visits their webpage. Start here: <https://my.kp.org/acera/>

Available to Anyone

Online Health Calculators – Calculate your body/mass index, calorie burn, portion sizes, target heart rate, stress level, and a bunch of other health stats.

Health Encyclopedia – Over 40,000 webpages, searchable with keywords.

Health Videos – Topics include asthma, diabetes, exercise, healthy shopping, advance care planning.

Guided Imagery Audio Files – Gentle but powerful relaxation exercises designed to engage your mind, body, and spirit. Topics include easing grief, easing pain, healthful sleep, healthy immune system, mastering menopause, self-confidence, and weight loss among many others, all downloadable.

How to Be Healthy Information – Articles on nutrition, staying active, eating healthy, living well, exercise, weight loss, and more: <https://thrive.kaiserpermanente.org/thrive-together>

Available to Kaiser Members

Simply log in to your account at www.kp.org and click the Health & Wellness button.

Healthy Living Classes – Over 1,400 classes in the Bay Area including yoga, acupressure, diabetes management, fall prevention, headache management, chi gung, and weight management. Some are free, and others have a cost but are discounted for Kaiser Members.

Wellness Coaching – Phone sessions with a wellness coach to create a customized wellness plan.

Provider Discounts on fitness clubs, acupuncture, chiropractic, massage therapy, physical therapy, and more.

Personalized Healthy Lifestyle Programs – Customized plans designed to reshape your way of life and improve your health:

- Total health assessment
- Chronic conditions programs (depression, diabetes, insomnia)
- Pain management program
- Healthy weight program
- Nutrition plan
- Stress management
- Quit smoking plan

UnitedHealthcare Resources

UnitedHealthcare members can start by going to www.myuhc.com, logging in, and clicking the Health & Wellness button to uncover all the wellness resources available to you.

Online Health Assessment – Personalized, confidential report to identify what health and health risk areas you're doing good in and what areas you can improve in.

Online Calculators – Body mass index, waist, target heart rate, calories burned, heart attack risk, and more.

Rally – An app and online health tracker that gives you a personalized health survey and allows you to monitor weight loss, physical activity, and more, helps you connect with online health communities, and can send you on personal exercise missions. It also keeps track of your personal health record.

UHCTV – An internet TV network with tips on living a healthy life, helpful advice from experts, health insurance explanations, cooking ideas and demos, and even a comedy channel to laugh your stress off.

UnitedHealth Allies– Discounts on laser vision correction, cosmetic dental, alternative care, wellness, long-term care services, hearing, and more.

CafeWell – Rewards program that gives you support and guidance to take control of your health. Find healthy activities tailored to you, make connections with health experts and other members, and track your progress in real time.

Other Tools – Webinars, mindfulness tools, self-help programs, mood tracker, tobacco cessation planning.

Delta Dental Resources

SmileWay Website – Visit www.deltadentalins.com/oral_health/ (there's an underscore between oral and health) to access dozens of articles and videos about oral health.

IMPORTANT NOTICES

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.

ACERA Important Notices

For important notices regarding the following healthcare topics, please visit www.acera.org/healthcare-notices, or call 1-800-838-1932 for a paper copy.

- Medicare and your birthday notice for California residents
- Group plan grandfather status
- The Newborn and Mothers Health Protection Act
- The Women's Health and Cancer Rights Act
- Your right to appeal your grievances
- COBRA continuation coverage
- Special enrollment rights including:
 - » Changing your health plan elections outside of open enrollment
 - » New dependent
 - » Medicaid
 - » Children's Health Insurance Program (CHIP)
- Medicare Part D
- Health insurance marketplace coverage options
- Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

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



2017 Contact Information

1-800-838-1932 or 510-628-3000 for a live agent
 Fax: 510-268-9574 www.acera.org

Medical, Dental, and Vision Plan Carriers	ACERA Group No.	Customer Service No.	Website	ID Cards Issued
Medical				
• Kaiser Permanente				
→ HMO	7668	1-800-464-4000	my.kp.org/acera	Yes
→ Senior Advantage	7668	1-800-443-0815	my.kp.org/acera	Yes
→ Individual Out of State Plans	N/A	Call your local Kaiser Permanente	www.kp.org	Yes
• UnitedHealthcare				
→ SignatureValue HMO	149659	1-800-624-8822	alameda.welcometouhcc.com	Yes
→ Choice Plus PPO	717829	1-866-633-2474	www.myuhc.com	Yes
• OneExchange				
→ Non-Medicare Eligible	N/A	1-844-353-0770	www.oneexchange.com/acera	Varies depending on carrier
→ Medicare Eligible	N/A	1-888-427-8730	medicare.oneexchange.com/acera	Varies depending on carrier
Dental				
• DeltaCare USA	103	1-800-422-4234	www.deltadentalins.com	Yes
• Delta Dental PPO	703	1-888-335-8227	www.deltadentalins.com	No
Vision				
• Vision Service Plan (VSP)	12110712	1-800-877-7195	www.vsp.com/go/acera	No
Other Contact References				
• KeenanDirect		1-855-653-3626	www.keenandirect.com	
• Medicare		1-800-633-4227	www.medicare.gov	
• Social Security Administration		1-800-772-1213	www.ssa.gov	
• ACRE	Pete Albert	510-350-0649 Fax 510-452-0944		
• REAC	Healthcare: Rosalie Masuda 510-339-1307	Membership: Jerry Jacobs 510-835-5493		
• PERS - Long Term Care		1-800-982-1775	www.calperslongtermcare.com	
• Deferred Compensation	Tina Weston	510-272-6809		
• Cancer Tips			www.cancer.org/healthy	
• Family Health Portrait			familyhistory.hhs.gov	

Learn how to help lower your chances of getting cancer, plus what screening tests to get and when to get them.
 Quiz your family, then download everything you learn to your MD. Need help with questions? Try the U.S. Surgeon General family site for easy questions.