



Retiree

Enrollment Guide

2014



Health is your Wealth

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Health Plan Information You Need to Know

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 premiums, changes to coverage options, as well as information about the 2014 Open Enrollment period, process, and deadlines.

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.

Review Your Materials—It's Up to You

Please take the time to review the contents of your Open Enrollment packet fully and carefully. It's up to you to understand your benefits and how they work and to either return your enrollment form(s) to ACERA postmarked by November 30, 2013, or call Extend Health if you want to enroll in a Medicare plan or make changes for 2014 plan year.

In an effort to sustain the payments of non-vested benefits into the future and provide these benefits in a consistent manner, the Board of Retirement has changed the eligibility requirements for the vision and dental plan benefit contributions effective February 1, 2014. The eligibility for these benefits will require ten years of ACERA service credit which is consistent with the Monthly Medical Allowance and Medicare Part B Reimbursement benefits. These benefits will continue to be provided to all retirees receiving a Service Connected Disability benefit and has grandfathered the provision of these benefits to retirees receiving a Non-service Connected Disability benefit with an effective retirement date on or before January 31, 2014. See the following page for more information.



ACERA Changes Dental and Vision Plan Eligibility Requirements

Effective February 1, 2014, the eligibility requirements, subsidies, and enrollment in the ACERA vision and dental plans will significantly change.

Dental and vision plan monthly premiums will continue to be subsidized with mandatory enrollment for retirees (and their dependents or survivor beneficiaries) who have:

- 10 or more years of ACERA service credit
- Service-connected disability retirement
- Non-service-connected disability retirement prior to 2/1/14

If you are enrolled in a medical plan, one easy way to determine if you have 10 or more years of ACERA service credit is by looking at your paycheck on the left-hand side under the "Non-Taxable Subsidies" heading to see if a "MMA" amount or subsidy for medical coverage is noted. If it is, you will continue to receive a dental or vision subsidy.

◆ 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 Member Login button.

On February 1, 2014, the subsidy and enrollment will cease for retired members and their enrolled dependents or survivor beneficiaries, who have less than ten years of ACERA service credit (excluding b. and c. above) for the dental plans and/or vision plan. These retirees and their enrolled dependents or survivor beneficiaries may voluntarily enroll in vision and/or dental coverage through ACERA, and must complete an enrollment form to maintain coverage. A Vision Enrollment Form and/or a Dental Enrollment Form must be submitted by November 30, 2013 to ACERA to be enrolled in the new voluntary dental or vision plan. Both of these enrollment forms can be found on ACERA's website at www.acera.org. A packet was mailed to the impacted retirees mid-October which included enrollment forms.

Dental premiums will increase for members with less than 10 years of ACERA service credit (see below), and for members with 10 or more years of ACERA service credit, Delta Dental PPO premiums will decrease and DeltaCare USA premiums will remain the same. Vision plan monthly premiums have increased for everyone.

◆ Reminder: Delta Dental PPO Maximum Renews February 1, 2014 (NOT January 1, 2014)

2014 Dental and Vision Monthly Premiums			
Dental & Vision Plans	2013	Less than 10 Years of ACERA Service	More than 10 Years of ACERA Service
		Voluntary Enrollment	Mandatory Enrollment
Delta Dental PPO	\$41.94	\$55.95	\$38.46
DeltaCare USA	\$22.45	\$31.43	\$22.45
VSP	\$4.06	\$4.70	\$4.24

The new premiums will be withheld from your January 2014 retirement check if you are enrolled in one of these plans.

Medical Monthly Premiums Are Increasing

All group medical plan monthly premiums have increased for 2014.

Monthly Medical Premiums (Retiree Only)			
Plans	2013	2014	% Change
Kaiser HMO	\$639.26	\$658.96	+3.08%
Kaiser Senior Advantage	\$316.64	\$330.96	+4.52%
UHC HMO	\$914.78	\$972.34	+6.29%
UHC PPO	\$2,185.96	\$2,244.54	+2.68%
Extend Health plans	Premiums for individual plans through Extend Health depend on which plan you select.		

The Monthly Medical Allowance (MMA) is remaining the same at \$522.16, \$391.62, \$261.08, and \$0.00 based on years of ACERA service. The new premiums for group plans will be withheld from your January 2014 retirement check. These pages 25–28 for more new rates.

Open Enrollment for Plan Year 2014

ACERA's Open Enrollment period provides retirees, eligible dependents, and COBRA participants the opportunity to enroll in a health plan or change medical, prescription drug plan (Medicare), dental, or vision coverage for the upcoming plan year.

Kaiser Permanente, UnitedHealthcare, Delta Dental, and Vision Service Plan (VSP) Open Enrollment period:	November 1 – 30
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Complete and return ACERA enrollment forms located at www.acera.org during the open enrollment period to elect changes that will be effective February 1, 2014.

Extend Health Open Enrollment period:	October 15 – December 7
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Contact Extend Health at 1-888-427-8730 during this open enrollment period if you want to elect changes that will be effective January 1, 2014.



Be Conscientious

An 80-year study found one of the best predictors of a long life is a conscientious personality. Researchers measured attributes like attention to detail and persistence. They found that conscientious people do more things to protect their health and make choices that lead to stronger relationships and better careers.



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.

◆ **Maintain a Sense of Purpose**

Finding hobbies and activities that have meaning for you may contribute to a long life. Japanese researchers found that men with a strong sense of purpose were less likely to die from stroke, heart disease, or other causes over a 13-year period compared to those with a low sense of purpose. Another study at Rush University Medical Center indicates that having a greater sense of purpose is linked to a reduced risk of Alzheimer's disease.

New VSP Diabetic Eyecare Plus Program Is Available

Beginning July 1, 2013, the VSP Diabetic Eyecare Plus Program will expand to provide the following:

- Coverage for a subset of primary eye care services that targets glaucoma and age-related macular degeneration (AMD), in addition to diabetic eye disease.
- Coverage for retinal screening for members with diabetes who don't show signs of diabetic eye disease.

New: Some Members Must Annually Certify Medicare Part B Enrollment

Beginning this year and annually thereafter, participants of ACERA's Medicare Part B Reimbursement Plan (MBRP) who are not enrolled in one of ACERA's medical plans will be 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, 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 Extend Health since in order to be enrolled in these plans, participants must be enrolled in Medicare Parts A and B.

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 Directories for a comparison 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/

More Healthcare Changes are Coming in 2014 from the Affordable Care Act

- **Transitional reinsurance program fee charged to insurance carriers**
The program is aimed at providing greater stability in the market as the insurance market reforms are implemented. The temporary reinsurance contribution will end in 2017.
 - » ACERA's VSP 2014 premiums include a 2% rate increase to cover the Affordable Care Act tax.
 - » ACERA's Delta Dental Plans 2014 premiums include a 1% rate increase to cover the required Affordable Care Act tax.
 - » Kaiser Permanente & UnitedHealthcare non-Medicare medical plans will include the cost of this fee in the 2014 premiums provided to ACERA.
- **Comparative effectiveness research fee also charged to insurance carriers**
 - » Both Kaiser and UnitedHealthcare non-Medicare medical plans will include this fee in the 2014 premiums provided to ACERA. This fee is to support the work of an independent body that will provide information on the best available evidence to help patients and providers decide on treatment. This fee is supposed to be assessed temporarily.

Covered California and State Health Insurance Exchanges

California was the first state to create a Health Insurance Exchange following the passage of federal health care reform also known as "Obamacare", "the Affordable Care Act", and/or the "Patient Protection and Affordable Care Act" (PPACA). In this new exchange, called Covered California, individuals and small businesses can get access to health insurance. With coverage starting in 2014, Covered California will help individuals compare and choose a health plan that works best for their health needs and budget. Financial help will be available from the federal government to help lower costs for people who qualify on a sliding scale. Covered California is an independent part of the state government and is overseen by a five-member board appointed by the governor and legislature. Many other states in the U.S. will also be starting Health Insurance Exchanges in 2014, and in the ones that aren't, residents can participate in an exchange administered by the federal government, by visiting www.healthcare.gov.

Frequently Asked Questions (FAQs)

Q. How does the Affordable Care Act affect me?

- A. Starting January 1, 2014, all individuals in the United States must have medical coverage for themselves and family members or pay a penalty. If you currently have health insurance through ACERA and will be continuing coverage in 2014, you meet the requirement. You do not need to purchase insurance through Covered California.

Q. How does this exchange differ from the Extend Health Medicare Exchange?

- A. The Extend Health Medicare Exchange offered to ACERA members is also a Health Insurance Exchange, but it's a private exchange for Medicare-eligible people. Covered California is likewise a Health Insurance Exchange, but it is public, operated by the State of California, and is for all California residents who are not yet Medicare-eligible. Insurance policies purchased through Covered California are eligible for federal subsidies for low income individuals. You cannot use ACERA's Monthly Medical Allowance for plans through Covered California.

Q. *Is ACERA's coverage better or worse than what I can purchase on Covered California?*

A. Generally speaking, ACERA's coverage is better than the coverage that you could buy from Covered California (or another state exchange if you do not live in California).

Q. *As an ACERA retiree, should I concern myself with insurance through Covered California or another state exchange?*

A. If you are a retiree or survivor who is not eligible for Medicare, here are some reasons to explore coverage through the Health Insurance Exchange:

- If you live outside the ACERA medical plan service area and aren't eligible for ACERA coverage.
- If your dependents need coverage at a lower cost.
- If you are eligible for a subsidy through the federal government, you may want to compare your out-of-pocket costs with either plan.

Q. *How do I find out more about coverage on Covered California?*

A. To find out more, you must contact Covered California—not ACERA—by any one of the following means:

- Call 1-888-975-1142
- Visit www.coveredca.com
- Visit www.healthcare.gov

Transgender Services Now Covered by Kaiser California

Due to regulatory developments in California, transgender services will now be covered in all of Kaiser Permanente's California commercial plans. This change is effective immediately and has been included in the 2014 renewals. Covered services include sexual reassignment surgery and mastectomy with chest reconstruction, in addition to mental health and hormone therapy services.

Safety Members Not Eligible for Tax Deduction

Currently safety (law enforcement and firefighters only) members are eligible for a \$3,000 tax deduction if you have ACERA sponsored medical coverage through a group plan. If you obtain medical coverage through Extend Health, you are now covered by an individual plan. You will no longer be eligible for this tax deduction because the Pension Protection Act requires that the plan sponsor (ACERA) pays the premium directly to the medical carrier in order to qualify for this benefit. With Extend Health coverage, the retiree pays the medical carrier directly.

Retirees Who Return to Work

If you return to work for one of ACERA's participating employers and you are enrolled in the Medicare Exchange through Extend Health, you will not be eligible to receive the Monthly Medical Allowance (MMA) for Extend Health Medicare Medical Plans 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). This change is effective January 1, 2014, and is a result of the Affordable Care Act. This change applies to individual plans not group sponsored plans such as Kaiser Permanente HMO, Kaiser Senior Advantage Plan or UnitedHealthcare HMO plan.

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 is November 1 – November 30, 2013, and you can change your Kaiser Permanente or UnitedHealthcare medical plan and Delta Dental plan and add or drop medical, dental, and vision coverage for your eligible dependents. ACERA's Open Enrollment for an individual medical plan through Extend Health is October 15 – December 7, 2013.

Outside of Open Enrollment, you may enroll in coverage or make changes if you are within 30 days after retirement or within 30 days after experiencing one of the qualifying events discussed on page 24 of ACERA's Retired Member Benefits Handbook at www.acera.org. (This change must be made in writing to ACERA.)

Healthcare Plans	Open Enrollment Period	Plan Year
<ul style="list-style-type: none"> • Kaiser Permanente • UnitedHealthcare • Delta Dental • Vision Service Plan (VSP) 	November 1, 2013 – November 30, 2013	February 1, 2014 – January 31, 2015
<ul style="list-style-type: none"> • Extend Health 	October 15, 2013 – December 7, 2013	January 1, 2014 – December 31, 2014

◆ Make Friends

Science has given you one more reason to be grateful for your friends—they might help you live longer. Australian researchers found elderly social butterflies were less likely to die over a 10-year period compared to people with the fewest friends. Another analysis of results from 148 studies supports the link between plentiful social connections and longevity.

When Will My Enrollment or Changes Be Effective?

The plan year for Kaiser and UnitedHealthcare medical plans, all dental plans, and the vision plan is February 1 – January 31. If you enroll in a plan or make changes during the 2013 Open Enrollment period, your changes become effective on the first day of the plan year, February 1, 2014 and will be in effect through January 31, 2015.

The plan year for individual Medicare medical plans, through Extend Health is January 1 – December 31. If you enroll in a plan or make changes during the 2013 Open Enrollment period, your changes become effective on the first day of the plan year, January 1, 2014 and will be in effect through December 31, 2014.

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 pre-retirement counseling session or by emailing info@acera.org.

Step 1: Do I Need to Take Action?

- ✓ Read this Guide to learn what's happening for 2014.
- ✓ 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 Member Login button, and log in to your existing account or create a new one. (For help, call ACERA at the phone numbers on the back page.)
- ✓ Review the new premiums on pages 26–27. If you are Medicare eligible, it's important to understand the difference between the Kaiser Permanente Senior Advantage group medical plan and an individual plan through the Extend Health Medicare Exchange (see page 22).
- ✓ Decide if you want to make a change.

During Open Enrollment or with a qualifying event, you only need to take action if:

- ◆ 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 Member Login button.
 - a. You (members, dependents, or survivor beneficiaries) have less than ten years of ACERA service credit and you want to enroll in the new voluntary dental and/or vision plans. (See page 2 for more details)
 - b. You want to newly enroll in a retiree medical, dental, and/or vision plan.
 - c. You want to switch medical or dental plans.
 - d. You want to drop medical coverage for yourself.
 - e. You want to add or drop medical, dental, and/or vision coverage for your eligible dependents.
 - f. Your dependents age 19 to age 26 are enrolled in your health plans. See sidebar on page 10.
 - g. Your personal information has changed (e.g., name, address, marital status).

At retirement, you will need to take action:

- a. To be enrolled in the mandatory and voluntary retiree dental and vision plans.
- b. To add dental and/or vision coverage for your eligible dependents.
- c. To determine what medical plan options are available for you and your eligible dependents.

Step 2: How to Take Action

To enroll in, change, or switch medical, dental, and/or vision coverage for you and/or your dependent(s):

1. If you want to enroll in a Medicare plan through the Extend Health Medicare Exchange, skip to the next section.
2. Visit ACERA's website www.acera.org and click on the Health Enrollment Forms link. There you'll find enrollment forms that will allow you to enroll in coverage or make changes. You can also request forms from ACERA at 1-800-838-1932 or 510-628-3000.
3. If you are enrolling dependents in coverage for 2014, provide the dependent verification documentation listed on page 10 of this Guide.
4. Mail completed forms and applicable dependent verification documentation to ACERA. For Open Enrollment, your mail must be postmarked between November 1, 2013 and November 30, 2013. Outside of Open Enrollment, your mail must be postmarked within 30 days after retirement or after experiencing a qualifying event.

If your personal information has changed, contact ACERA's Call Center at 1-800-838-1932 or 510-628-3000.

◆ If you are Medicare eligible now or before February 1, 2014, you can choose between the Kaiser Permanente Senior Advantage Plan and a plan through Extend Health, even if you are currently in the Kaiser plan.

Enrolling Through the Medicare Exchange

To enroll in or change plans through Extend Health, you do not fill out enrollment forms—simply call Extend Health at 1-888-427-8730 during Open Enrollment or within 30 days after retirement or a qualifying event. If you are Medicare eligible before February 1, 2014, Extend Health will send you a newsletter in the mail in late October 2013 that will contain enrollment instructions.

A few reasons you might want to call Extend Health to get more information about making a change would be:

- To determine if you are still in the best prescription drug plan for 2014. In some cases the formularies may change 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, 2014, sign up for one of ACERA's Medicare Transition Seminars at least 90 days before your 65th birthday at www.acera.org. 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 Extend Health explaining how the Medicare Health Insurance Exchange individual plan coverage works and how to enroll.

◆ Choose Your Friends Wisely

Your friends' habits rub off on you, so look for companions with healthy lifestyles. Studies indicate obesity is socially "contagious" – your chance of becoming obese increases by 57% if you have a friend who becomes obese. Smoking is another habit that spreads through social ties, but the good news is that quitting is also contagious.

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
- 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 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)
- Your 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 (must provide proof of child's incapacity prior to age 26).

◆ 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. 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.

To enroll your dependents for the **first time** in 2014, you need to provide the following documentation to ACERA.

First Time Dependent Enrollment Documentation	
If you enroll your spouse/ domestic partner	Spouse: <ul style="list-style-type: none"> • Certified copy of marriage certificate Domestic partner: <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	One of the following documents: <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 or by request from the ACERA Call Center) AND one of the following documents: <ul style="list-style-type: none"> • Certified copy of birth certificate • Original church baptismal certificate with mother/ father listed • Court-filed guardianship/adoption papers

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 Extend Health

If you and your Medicare-eligible dependent(s) enroll in a plan through the Medicare Exchange, you must both enroll using Extend Health but you can enroll in separate plans or with separate insurance carriers.

If your dependents are not Medicare eligible, their options are:

- Contact Extend Health to explore an individual coverage option
- Exercise the federal COBRA option which allows them to stay enrolled in their current plan(s) for up to 18 months if they pay the full monthly premiums associated with the plan(s) and administration fee
- Get coverage through ACERA's Kaiser Permanente HMO plan (only if the retiree enrolls in ACERA's Kaiser Permanente Senior Advantage Plan, not Extend Health)
- No medical coverage through ACERA
 - » See page 5 for information on Covered California

◆ Lose Belly Fat

If you're overweight, slimming down can protect against diabetes, heart disease, and other life-shortening conditions. Belly fat appears to be particularly harmful, so focus on deflating that spare tire. A 5-year study of Hispanics and African-Americans suggests eating more fiber and exercising regularly are effective ways to reduce belly fat.



◆ **Keep Moving**

The evidence is overwhelming—people who exercise live longer on average than those who don't. According to dozens of studies, regular physical activity reduces the risk of heart disease, stroke, diabetes, some forms of cancer, and depression. Exercise may even help you stay mentally sharp in your old age. Ten-minute spurts of activity are fine, as long as they add up to about 2.5 hours of moderate exercise per week.

◆ 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. Also, the service area diminishes from 30 miles to 20 miles once you become Medicare eligible.

Non-Medicare Plan Options

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

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

Medicare Plan Options

We also offer the following Medicare plans to members who are eligible for Medicare (generally those over age 65 or with certain qualifying medical conditions):

- Kaiser Permanente Senior Advantage (KPSA)
- An individual plan through the Extend Health Medicare Exchange

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 plan works with Medicare.

Understand Each Plan's Service Area, Benefits, and 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 rural part of California, we strongly recommend that you call the plan's customer service number or visit its website to verify that your residence is within the plan's service area and to verify access to providers, including doctors, specialists, and hospitals that participate in each plan's network.

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 that each plan provides, see page 15.

The monthly premium costs for all 2014 plans, begin on page 25.

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	\$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 per calendar year
Hearing Services	\$15 copay/exam	\$15 copay; Hearing Aid: Standard; \$5,000 annual benefit maximum every three years; 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)</p> <p>UnitedHealthcare Perks 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	Extend Health Medicare Exchange
PCP/Specialist Office Visits	\$10 copay	Actual benefits will depend on the individual plan in which you are enrolled. When you call Extend Health to enroll, your Benefit Advisor will help you find a plan that's right for you. See page 9 for more information on enrolling in a medical plan through Extend Health.
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 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>	

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		
• Generic, Brand Non-Formulary	\$10 copay; 100-day supply	\$10 copay; 100-day supply
Extend Health	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 Extend Health

Medicare Advantage plans through Extend Health 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.

Medigap plans through Extend Health do not include prescription drug coverage. However, you can enroll in a Medicare Part D prescription plan through Extend Health and utilize your Medicare Exchange 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 Extend Health, 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 Extend Health allow you to use any excess Monthly Medical Allowance that you are eligible for to pay for prescription copays by sending claims to Extend Health.

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, but companies may make adjustments in the middle of the plan year as well. Your plan may add drugs to its formulary during the plan year. Your plan can 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. Your plan can remove drugs from its formulary, or move drugs to a more expensive tier within the formulary also by sending you a 60-day notice. However, Part D plans may not change their therapeutic categories and classes in a formulary other than at the beginning of each plan year.

- ◆ **Follow a Mediterranean Diet**
The Mediterranean diet is high in fruits, vegetables, whole grains, extra virgin olive oil, and fish. An analysis of 50 studies involving more than half a million people shows the impressive benefits of this diet. The findings show it significantly lowers the risk of metabolic syndrome—a combination of obesity, elevated blood sugar, increased blood pressure, and other factors that raise your risk of heart disease and diabetes.

Lower Prescription Prices

If you are enrolled in a plan through UnitedHealthcare or Extend Health 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.



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 and non-service connected disability retirees with effective 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 plan, which offers the same coverage. 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. You are 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, 2014, 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 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	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
Diagnostic			
• Oral Exams	100%	100%; no deductible	100%
• X-Rays	100%	100%; no deductible	100%
Preventive			
• 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
Restorative			
• 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
Prosthodontics			
• Bridges, Partial and Full Dentures, Implants	60%	50% after deductible	Copay varies; see Schedule of Benefits for specific amounts; implants not covered
Endodontics	80%	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
Periodontics	80%	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
TMJ Benefits	50%; \$500 lifetime max	50% after deductible; \$500 lifetime max	Not covered
Oral Surgery	80%	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
Orthodontia	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, 2014	Yes	Delta Dental
June 10, 2014	Yes	Delta Dental
September 10, 2014	No	You
January 10, 2015	No	You
February 10, 2015	Yes	Delta Dental (because a new plan year begins on February 1, 2015)

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. Under the Delta Dental PPO, the maximum amounts payable are \$1,200 for treatment provided by an in-network PPO Delta Dental dentist and \$1,000 for treatment provided by an out-of-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 carries 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 Delta Dental PPO.)

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

◆ **Quit Smoking**
While it's no secret that giving up cigarettes can lengthen your days—the amount of extra time may surprise you. According to a 50-year British study, quitting at age 30 could increase your lifespan by an entire decade. Kicking the habit at age 40, 50, or 60 boosts life expectancy by 9, 6, or 3 years, respectively.

Your Status	Month(s) Dental Treatment Obtained	Delta Dental PPO Pays*	Maximum Annual Amount Remaining*
Active	March and April 2014	\$700	\$500
Retired	June 2014	\$500	\$0
Retired	October 2014	\$0	\$0
Retired	March 2015	\$300	\$900 (because a new plan year begins February 1, 2015)

* 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 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(s) Dental Treatment Obtained	Amount of Deductible* You Pay	Remaining Deductible* You Must Pay Before Delta Dental PPO Pays
Active	March and April 2014	\$35	\$15
Retired	June 2014	\$15	\$0
Retired	October 2014	\$0	\$0
Retired	March 2015	\$35	\$15 (because a new plan year begins February 1, 2015)

* 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 with ten or more years of ACERA service credit. 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. 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/acera.

Premium costs effective February 1, 2014 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 bill in full and submit a claim to VSP for reimbursement. Claim forms are available through the VSP website at www.vsp.com/acera, the ACERA website at www.acera.org or by request from the ACERA Call Center. 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
Exam (once every 12 months)	100%	Up to \$45
Prescription Glasses	\$25 copay	\$25 copay
• Lenses		
→ Single Vision	100%, every 12 months	Up to \$30
→ Lined Bifocal	100%, every 12 months	Up to \$50
→ Lined Trifocal	100%, every 12 months	Up to \$65
• 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

VSP TruHearing MemberPlus Program

A hearing aid discount program called TruHearing MemberPlus Program offered by VSP has been added for all of our vision care members and their covered dependants 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 a one-time loss or damage for 3 years (replacement fee paid to manufacturer)
- 3-year repair warranty
- 48 batteries per purchased hearing aid

Learn more and sign-up go to www.vsp.truhearing.com

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, or you cannot enroll.

Monthly Medical Allowance

Retirees with 10 or more years of creditable ACERA service 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 Extend Health. The cost of private insurance is not covered, such as coverage through the Covered California Health Insurance Exchange.

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

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

◆ Dental, Vision, both 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.

Monthly Medical Allowance Amounts for Group Plans

(For all medical plans except Extend Health plans)

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.

The MMA is prorated according to your years of ACERA service. The MMA amounts for 2014 remain unchanged (i.e., equal to the 2013 MMA) and are noted in the table below:

MMA for Group Medical Plans		
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

Medicare Exchange Monthly Medical Allowance Amounts

The Medicare Exchange Monthly Medical Allowance for those enrolled in a Medicare plan through Extend Health work differently. Plan premiums through the exchange are much lower than group plan costs. Excess MMA may be used to pay copays and deductibles. The Medicare Exchange Monthly Medical Allowance to offset those costs, prorated according to your years of ACERA service will be offered as follows:

MMA for Extend Health Medical Plans		
Years of ACERA Service	Percent of MMA	Medicare Exchange MMA Amount
0-9 years	0%	\$0
10-14 years	50%	\$200
15-19 years	75%	\$300
20+ years	100%	\$400

How Will I Pay?

ACERA Sponsored Group 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.

Medicare Exchange

When you call Extend Health, your Benefit Advisor will help you select the most suitable medical insurance plan for your needs and help you set up an automatic monthly payment for the plan directly to the insurance carrier from your bank account. If you are eligible for ACERA's Monthly Medical Allowance, ACERA will fund a tax-free Health Reimbursement Account up to the amount you are eligible. You can also set up an automatic reimbursement to your bank account.

Any Monthly Medical Allowance left over can be used to pay medical deductibles and medical and prescription copays. You will need to submit those claims to Extend Health for reimbursement.

- ◆ New for 2014: Members enrolled in the MBRP plan but not an ACERA medical plan must annually certify that they are enrolled in Medicare Part B through the federal government. See page 24 for more information.

ACERA Medicare Part B Reimbursement Plan (MBRP)

Once you become Medicare-eligible, to continue your enrollment in an ACERA sponsored Medicare plan (including plans through Extend Health), 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.

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. To apply, simply download the MBRP Form at www.acera.org, complete the form, and return it to ACERA.

Frequently Asked Questions about Health Plan Premiums

Q. *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?*

A. 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.

Q. *Can I use my Medicare Exchange Monthly Medical Allowance to pay for medical and prescription copays and/or deductibles?*

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

- ◆ **Embrace the Siesta**
A siesta is standard in many parts of the world, and now there's scientific evidence that napping may help you live longer. A recent study with 24,000 participants suggests that regular nappers are 37% less likely to die from heart disease than occasional nappers. Researchers think naps might help your heart by keeping stress hormones down.



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	\$658.96	\$1,317.92	\$1,864.86	\$658.96	\$1,317.92	\$1,864.86
• MMA Contribution	\$0	\$0	\$0	\$261.08	\$261.08	\$261.08
• Cost to Retiree	\$658.96	\$1,317.92	\$1,864.86	\$397.88	\$1,056.84	\$1,603.78
UnitedHealthcare HMO Premium	\$972.34	\$1,944.60	\$2,751.60	\$972.34	\$1,944.60	\$2,751.60
• MMA Contribution	\$0	\$0	\$0	\$261.08	\$261.08	\$261.08
• Cost to Retiree	\$972.34	\$1,944.60	\$2,751.60	\$711.26	\$1,683.52	\$2,490.52
UnitedHealthcare Choice Plus PPO Premium	\$2,244.54	\$4,354.30	\$6,149.66	\$2,244.54	\$4,354.30	\$6,149.66
• MMA Contribution	\$0	\$0	\$0	\$261.08	\$261.08	\$261.08
• Cost to Retiree	\$2,244.54	\$4,354.30	\$6,149.66	\$1,983.46	\$4,093.22	\$5,888.58

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	\$658.96	\$1,317.92	\$1,864.86	\$658.96	\$1,317.92	\$1,864.86
• MMA Contribution	\$391.62	\$391.62	\$391.62	\$522.16	\$522.16	\$522.16
• Cost to Retiree	\$267.34	\$926.30	\$1,473.24	\$136.80	\$795.76	\$1,342.70
UnitedHealthcare HMO Premium	\$972.34	\$1,944.60	\$2,751.60	\$972.34	\$1,944.60	\$2,751.60
• MMA Contribution	\$391.62	\$391.62	\$391.62	\$522.16	\$522.16	\$522.16
• Cost to Retiree	\$580.72	\$1,552.98	\$2,359.98	\$450.18	\$1,422.44	\$2,229.44
UnitedHealthcare Choice Plus PPO Premium	\$2,244.54	\$4,354.30	\$6,149.66	\$2,244.54	\$4,354.30	\$6,149.66
• MMA Contribution	\$391.62	\$391.62	\$391.62	\$522.16	\$522.16	\$522.16
• Cost to Retiree	\$1,852.92	\$3,962.68	\$5,758.04	\$1,722.38	\$3,832.14	\$5,627.50

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 (one with Medicare)*	Self + 1+ Family (two with Medicare)*	Self + 1+ Family (one with Medicare)*
Kaiser Permanente Senior Advantage	\$330.96	\$661.92	\$989.92	\$1,208.86	\$1,536.86
• MMA Contribution	\$0	\$0	\$0	\$0	\$0
• Cost to Retiree	\$330.96	\$661.92	\$989.92	\$1,208.86	\$1,536.86
Extend Health Medicare Plans	Individual plans will have individual costs based on age and location.				

Medical Plans	10 - 14 Years of ACERA Service Credit				
	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)*
Kaiser Permanente Senior Advantage	\$330.96	\$661.92	\$989.92	\$1,208.86	\$1,536.86
• MMA Contribution	\$261.08	\$261.08	\$261.08	\$261.08	\$261.08
• Cost to Retiree	\$69.88	\$400.84	\$728.84	\$947.78	\$1,275.78
Extend Health 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's Call Center for more information.

Medicare Eligible Plan Costs

Monthly Medical Plan Premiums and Costs

Medical Plans	15–19 Years of ACERA Service Credit				
	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)*
Kaiser Permanente Senior Advantage	\$330.96	\$661.92	\$989.92	\$1,208.86	\$1,536.86
• MMA Contribution	\$330.96	\$330.96	\$330.96	\$330.96	\$330.96
• Cost to Retiree	\$0.00	\$330.96	\$658.96	\$877.90	\$1,205.90
Extend Health Medicare Plans	Individual plans will have individual costs based on age and location.				

Medical Plans	20 or More Years of ACERA Service Credit				
	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)*
Kaiser Permanente Senior Advantage	\$330.96	\$661.92	\$989.92	\$1,208.86	\$1,536.86
• MMA Contribution	\$330.96	\$330.96	\$330.96	\$330.96	\$330.96
• Cost to Retiree	\$0.00	\$330.96	\$658.96	\$877.90	\$1,205.90
Extend Health 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's Call Center for more information.

Monthly Dental and Vision Plan Premiums and Costs

Dental and vision plan monthly premiums will continue to be subsidized with mandatory enrollment for retirees who have:

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

On February 1, 2014, the subsidy will stop for retired members with less than ten years of ACERA service credit (excluding b. and c. above) for the dental plans and/or vision plan. These retirees may voluntarily enroll in vision and/or dental coverage through ACERA and will need to submit an ACERA enrollment form to be enrolled in the new voluntary dental and/or vision plan.

HEALTH PLAN COSTS

Dental and Vision Plans	0 - 9 Years of ACERA Service Credit			10 - 14 Years of ACERA Service Credit or b. and c. above		
	Self	Self + 1	Family	Self	Self + 1	Family
DENTAL PLANS						
Delta Dental PPO	\$55.95	\$94.66	\$155.47	\$38.46	\$77.17	\$137.98
• ACERA Contribution	\$0	\$0	\$0	\$38.46	\$38.46	\$38.46
• Cost to Retiree	\$55.95	\$94.66	\$155.47	\$0	\$38.71	\$99.52
DeltaCare USA	\$31.43	\$46.06	\$63.77	\$22.45	\$37.08	\$54.79
• ACERA Contribution	\$0	\$0	\$0	\$22.45	\$22.45	\$22.45
• Cost to Retiree	\$31.43	\$46.06	\$63.77	\$0	\$14.63	\$32.34
VISION PLAN						
Vision Service Plan	\$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

Dental and Vision Plans	15 - 19 Years of ACERA Service Credit or b. and c. above			20 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	\$38.46	\$77.17	\$137.98	\$38.46	\$77.17	\$137.98
• ACERA Contribution	\$38.46	\$38.46	\$38.46	\$38.46	\$38.46	\$38.46
• Cost to Retiree	\$0	\$38.71	\$99.52	\$0	\$38.71	\$99.52
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	\$0	\$14.63	\$32.34	\$0	\$14.63	\$32.34
VISION PLAN						
Vision Service Plan	\$4.24	\$6.16	\$11.06	\$4.24	\$6.16	\$11.06
• ACERA Contribution	\$4.24	\$4.24	\$4.24	\$4.24	\$4.24	\$4.24
• Cost to Retiree	\$0	\$1.92	\$6.82	\$0	\$1.92	\$6.82

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

Notice to California Residents: Medicare and Your Birthday

California law requires that you have an annual 30-day open enrollment period beginning on your birthday. During this period, you may purchase any Medicare supplemental coverage that offers benefits equal to, or lesser than, those of your current coverage. You are eligible to purchase such plans without regard to your health status, claims experience, receipt of health care or medical condition.

For Additional Information:

- California Consumer Hotline: 1-800-927-HELP (4357)
- Telecommunications Devices for the Deaf (TDD): 1-800-482-4TDD (4833)
- Health Insurance Counseling and Advocacy Program (HICAP): 1-800-434-0222

Special Enrollment Rights Notice

LOSS OF OTHER COVERAGE

If you have declined or will be declining enrollment for yourself and/or your dependents because of other in-force health plan coverage, you may be able to enroll yourself and/or your dependents in this plan in the future. If you or your dependents lose eligibility for that other coverage, or if the employer stops contributing towards other group health plan coverage, it may trigger a special enrollment right. You must request enrollment in this plan within 30 days after the other coverage ends. You may be required to submit a Certificate of Creditable Coverage.

NEW DEPENDENT

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/or your dependents. This triggers a special enrollment right. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

- ◆ 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.

TERMINATION OF MEDICAID OR CHIP COVERAGE

If you and/or your dependents are covered under a Medicaid plan or a state child health insurance plan (CHIP), and coverage under such a plan is terminated as a result of loss of eligibility, you may be able to enroll yourself and/or your dependents in this plan, as it may trigger a special enrollment right.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date Medicaid or state-sponsored CHIP coverage ends.

ELIGIBILITY FOR PREMIUM ASSISTANCE UNDER MEDICAID OR CHIP

If you and/or your dependents become eligible for premium assistance under Medicaid or a state CHIP, including under any waiver or demonstration project conducted under or in relation to such a plan, you may be able to enroll yourself and/or your dependents in this plan, as it may trigger a special enrollment right. This is usually a program where the state provides employed individuals with premium payment assistance for their employer's group health plan, rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date you and/or your dependents become eligible for premium assistance under Medicaid or a state CHIP.

Confidentiality of Protected Health 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.

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". 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 hire professionals and companies for advice and to 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) describing your rights with respect to benefits administered by that individual/organization.

Under federal law, you have certain rights associated with your protected health information 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 specific carriers.

Newborns and Mothers Health Protection Act (NMHPA)

A health plan which provides benefits for pregnancy delivery generally may not restrict benefits for a covered pregnancy Hospital stay (for delivery) for a mother and her newborn to less than 48 hours following a vaginal delivery or 96 hours following a Cesarean section. Also, any utilization review requirements for Inpatient Hospital admissions will not apply for this minimum length of stay and early discharge is only permitted if the attending health care provider, in consultation with the mother, decides an earlier discharge is appropriate.

Women's Health and Cancer Rights Act (WHCRA)

The health benefits of most plans must include coverage for the following post-mastectomy services and supplies when provided in a manner determined in consultation between the attending Physician and the patient:

1. Reconstruction of the breast on which a mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce symmetrical appearance;
3. Breast prostheses; and
4. Physical complications of all stages of mastectomy, including lymphedemas.

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.



2014 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.	New Membership	Provider Directories	Website	ID Cards Issued
Medical						
• Kaiser Permanente						
→ HMO	7668	1-800-464-4000	1-800-464-4000	1-800-464-4000	http://my.kp.org/ca/acera/	Yes: Medical/Prescription ID
→ Senior Advantage	7668	1-800-443-0815	1-800-443-0815	1-800-443-0815	http://my.kp.org/ca/acera/	Yes: Medical/Prescription ID
• UnitedHealthcare						
→ Signature/Value HMO	149659	1-800-624-8822	1-800-624-8822	1-800-624-8822	www.uhccwest.com	Yes: Medical/Prescription ID
→ Choice Plus PPO	717829	1-866-633-2474	1-866-633-2474	1-866-633-2474	www.myuhc.com	Yes: Medical/Prescription ID
• Medicare Exchange						
→ Extend Health	N/A	1-888-427-8730	1-888-427-8730	1-888-427-8730	www.extendhealth.com/acera	Varies depending on carrier
Dental						
• DeltaCare USA	103	1-800-422-4234	1-800-422-4234	1-800-422-4234	www.deltadentalins.com	Yes
• Delta Dental PPO	703	1-888-335-8227	1-888-335-8227	1-888-335-8227	www.deltadentalins.com	No
Vision						
• Vision Service Plan (VSP)	12110712	1-800-877-7195	1-800-877-7195	1-800-877-7195	www.vsp.com/acera	No
Other Contact References						
• 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	Mary Moresi		510-531-7050	Fax 510-489-7529	http://reacsite.org	
• PERS - Long Term Care		1-800-982-1775			https://www.calpers.ca.gov	
• Deferred Compensation	Linda Hulme	510-272-6809	510-272-6809			
• Cancer Tips	Asks a few questions about you and then generates a list of recommended tests, plus tips on how to reduce risks.					www.cancer.org/greatamericans
• Family History	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.					https://familyhistory.hhs.gov