

2015 Retiree Enrollment Guide



Health is your Wealth

If you don't want to make changes to your medical, dental, and visions plans, then **no action is necessary.**

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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 2015 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 2015

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.

If you don't want to make changes to your current medical, dental, and vision plans, then no action is necessary. However, 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 2015.

Open Enrollment Period:

Kaiser Permanente, UnitedHealthcare, Delta
Dental, and Vision Service Plan (VSP)

November 1 – 30

Complete and return ACERA enrollment forms located at www.acera.org/forms during the open enrollment period to elect changes, which become effective February 1, 2015. Forms must be postmarked by November 30, 2014.

Open Enrollment Period: OneExchange

October 15 – December 7

Contact OneExchange at 1-888-427-8730 during this open enrollment period if you want to elect changes that will become effective January 1, 2015, or if you want to review your Medicare Part D prescription drug plan with them.

WHAT'S NEW FOR 2015

Dental and Vision Premium Changes

Dental premiums will increase for all members with PPO Dental coverage. Premiums will decrease for those with DeltaCare USA. Vision plan monthly premiums will remain the same for the 2015 plan year.

- ◆ Reminder: Delta Dental PPO Maximum Renews February 1, 2015 (NOT January 1, 2015)

Dental and Vision Monthly Premiums				
Dental & Vision Plans	Less than 10 Years of ACERA Service (Voluntary Enrollment)		More than 10 Years of ACERA Service (Mandatory Enrollment)	
	2014	2015	2014	2015
Delta Dental PPO	\$55.95	\$58.72	\$38.46	\$40.84
DeltaCare USA	\$31.43	\$29.86	\$22.45	\$21.33
VSP	\$4.70	\$4.70	\$4.24	\$4.24

- ◆ **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 new premiums will be withheld from your January 2015 retirement check if you are enrolled in one of these plans.

Delta Dental In-Network Coverage Change

For in-network PPO users, the annual maximum has increased from \$1,200 to \$1,300 for 2015. The non-PPO-network and out-of-network annual maximum continues to be \$1,000.

VSP Eyeglass Frame Coverage Increase

Beginning February 1, 2015, the eyeglass frame allowance through VSP will increase from \$120 to \$150. This coverage is for a 24 month period and applicable when using in-network providers. See page 17 for more information on vision plan coverage.

Medical Monthly Premium Changes

Medical Monthly Premiums (Retiree Only)			
Plans	2014	2015	% Change
Kaiser HMO	\$658.96	\$670.58	+1.76%
Kaiser Senior Advantage	\$330.96	\$330.96	0%
UHC HMO	\$972.34	\$972.34	0%
UHC PPO	\$2,244.54	\$2,341.06	+4.30%
OneExchange plans	Premiums for individual plans through OneExchange 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 2015 retirement check. See pages 22–28 for more premium information.

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, 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.

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

◆ **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.

More Healthcare Changes are Coming in 2015 from the Affordable Care Act

Improving Quality and Lowering Costs: A new ACA provision will tie physician payments to the quality of care they provide. Physicians will see their payments modified so that those who provide higher value care will receive higher payments than those who provide lower quality care.

Medicare Part D Coverage Gap Shrinking for 2015: Some members in plans through OneExchange have entered the Medicare Part D coverage gap, also known as the “donut hole,” during 2014 when the amount that they and their plan spent on prescriptions reached \$2,850. They received a 50% discount for brand name drugs while they were in the coverage gap, but had to pay 47.5% of the cost of brand-name drugs and 72% of the cost of generic drugs. For 2015, the discount on brand name drugs will increase to 55%, and the amount they have to pay for brand name and generic drugs will drop to 45% and 65% of the cost respectively. The percentages they pay will continue to drop each year until they both reach 25% when the coverage gap closes in 2020. For participants of Kaiser Permanente Senior Advantage group plan, a bridge applies over the donut hole and thus eliminates the coverage gap.

◆ **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.

Covered California and Public Health Insurance Exchanges

California was the first state to create a Health Insurance Exchange following the passage of the federal Affordable Care Act. The exchange is called Covered California and allows individuals to obtain access to health insurance by helping them compare and choose a health plan that works best for their health needs and budget. You can't use ACERA's Monthly Medical Allowance for these plans, but financial help is available from the federal government to lower costs for those who qualify. Many other states also provide coverage either through their own health exchange or through the federal government's exchange. Call Covered California at 1-888-975-1142 or visit www.coveredca.com or www.healthcare.gov for more information.

How does the Affordable Care Act affect me?

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 2015, you meet the requirement. You do not need to purchase insurance through Covered California.

Who might want to explore coverage through a public exchange?

- If you live outside the ACERA medical plan service area and aren't eligible for ACERA coverage.
- If your dependent children (age 26 or older) need coverage at a lower cost.

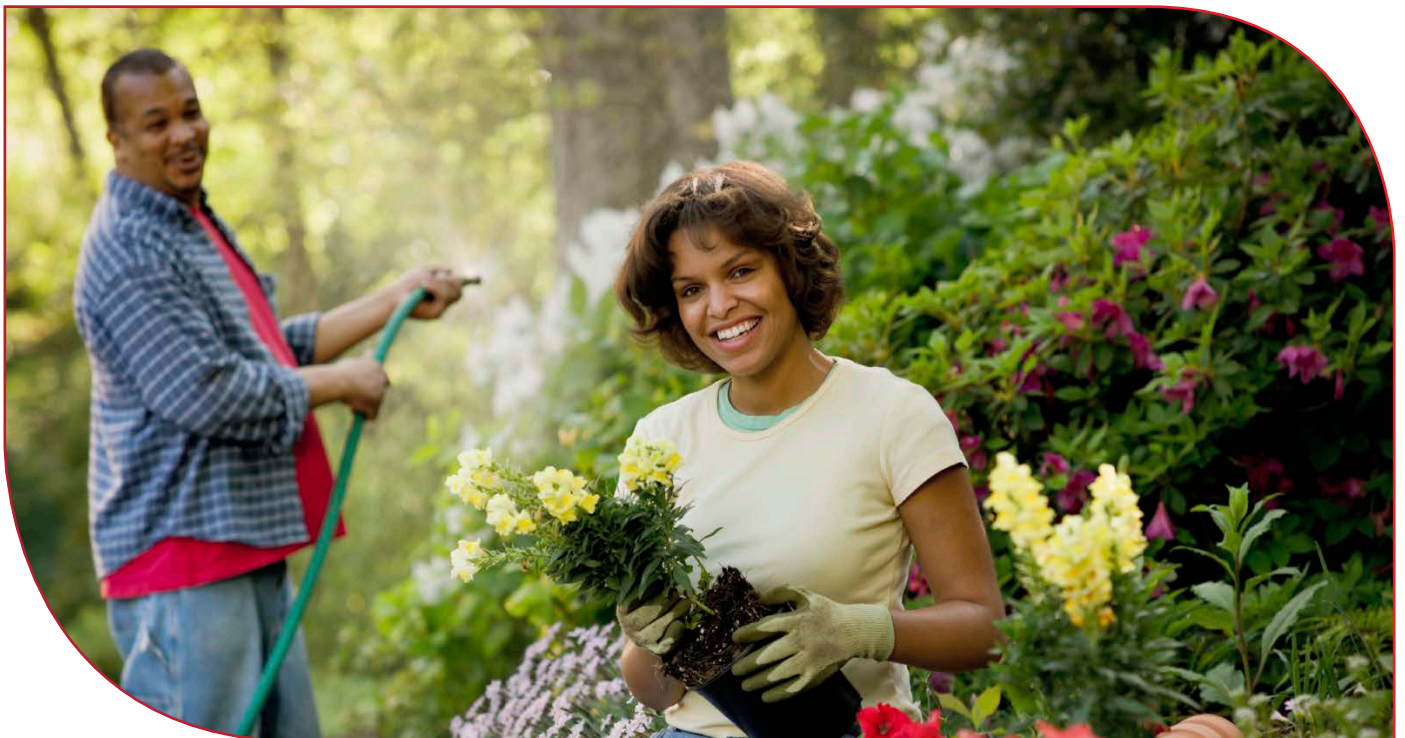
- If you would like to pay less in premiums for your dependents' coverage.
- If you are eligible for a subsidy through the federal government, you may want to compare your out-of-pocket costs.

Californians Not Enrolling in an ACERA-Sponsored Plan Can Find Individual Coverage Using KeenanDirect

As an alternative to using Covered California, ACERA's benefits consultant, Keenan & Associates, provide a service called KeenanDirect. At no cost to you, they will provide direct access to health plans for individuals and families through Covered California. They make the search to find the right coverage quick and convenient, especially if you are eligible for special enrollment due to a life event, are a dependent turning age 26, or a COBRA-qualified beneficiary. You can contact them at 1-855-6-Keenan (1-855-653-3626). Speak with a representative to explore the plans and products available in the individual market. Or access information online at www.KeenanDirect.com. Use the calculator to determine your eligibility for a federal subsidy and get a quote for plan options. You can also check out provider networks using their site.

You can't use the Monthly Medical Allowance for KeenanDirect Plans

ACERA's Monthly Medical Allowance (MMA) is only available to eligible retirees enrolled in ACERA-sponsored group plans and the Medicare Exchange. The above information is being provided for retirees who may need coverage for dependents, aren't eligible for the MMA, or may find premiums to be more affordable if they qualify for a federal subsidy.



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, 2014; you can change your Kaiser Permanente or UnitedHealthcare medical plan, you can change your Delta Dental 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 October 15 – December 7, 2014.

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. **(This change must be made in writing to ACERA.)**

Health Plans	Open Enrollment Period	Plan Year
<ul style="list-style-type: none">• Kaiser Permanente• UnitedHealthcare• Delta Dental• Vision Service Plan (VSP)	November 1, 2014 – November 30, 2014	February 1, 2015 – January 31, 2016
<ul style="list-style-type: none">• OneExchange	October 15, 2014 – December 7, 2014	January 1, 2015 – December 31, 2015

When Will My Enrollment or Changes Be Effective?

The plan year for Kaiser and UnitedHealthcare (retirees under 65) medical plans, all dental plans, and the vision plan is February 1 through January 31 the following year. If you enroll in a plan or make changes during the 2014 Open Enrollment period, your changes become effective on the first day of the plan year, February 1, 2015, and will be in effect through January 31, 2016.

The plan year for individual Medicare medical plans, through OneExchange is January 1 – December 31. If you enroll in a plan or make changes during the 2014 Open Enrollment period, your changes become effective on the first day of the plan year, January 1, 2015, and will be in effect through December 31, 2015.

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 contacting us at www.acera.org/contact.

Step 1: Do I Need to Take Action?

If you don't want to make changes to your medical, dental, and vision plans, then no action is necessary.

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

- You want to **newly enroll** in a retiree medical, dental, and/or vision plan.
- You want to **switch** medical or dental plans.
- 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).
- Your dependents age 19 to age 26 are enrolled in your health plans. You must submit an affidavit annually. See sidebar on page 9.
- Your personal information has changed (e.g., name, address, marital status).

At retirement, you will need to take action:

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

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 help, call ACERA at the phone numbers on the back page.)
- ✓ Review the plan highlights on pages 11–21.
- ✓ Review the new premiums on pages 22–28.

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):

- If you want to enroll in a Medicare plan through OneExchange, skip to the next section.
- Visit ACERA's website at www.acera.org/forms. There you'll find enrollment forms you need to complete to enroll in coverage or

◆ 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.

to make changes to existing coverage. You can also request these forms from ACERA at 1-800-838-1932 or 510-628-3000.

3. If you are enrolling dependents in coverage for 2015, provide ACERA with the dependent verification documentation listed on page 9 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, 2014 and November 30, 2014. Outside of Open Enrollment, your mail must be postmarked within 30 days after retirement or after experiencing a qualifying event.
5. If your personal information and/or marital status has changed, contact ACERA's Call Center at 1-800-838-1932 or 510-628-3000.

Enrolling Through the Medicare Exchange

To enroll in or change plans through OneExchange, you do not fill out enrollment forms—simply call OneExchange at 1-888-427-8730 during Open Enrollment (October 15, 2014–December 7, 2014) or within 30 days after retirement or a qualifying event. OneExchange will mail all current enrollees a newsletter each year prior to Open Enrollment. For members who newly become Medicare-eligible throughout the year, OneExchange will mail you an enrollment guide and other pertinent materials.

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 2015. 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, 2015, sign up for one of ACERA's Medicare Transition Seminars at least 90 days before your 65th birthday at www.acera.org/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:

OneExchange plans are “guaranteed issue” upon your **first enrollment**. This means your pre-existing medical conditions are not a factor in determining the cost (premium) of your coverage. However, if you switch OneExchange plans during a future Open Enrollment period, your pre-existing conditions may have an effect on your being able to change plans as well as the cost of the new plan.

◆ 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.

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 (must provide proof of child’s incapacity prior to age 26).

To enroll your dependents for the **first time** in 2015, 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.

◆ 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.

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 Medicare-eligible dependent(s) enroll in a plan through OneExchange, you both must enroll using OneExchange. However, you can enroll in different plans and/or with different insurance carriers.

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

- Contact OneExchange to explore an individual coverage option
- Exercise the federal COBRA option, which allows 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
- Get coverage through ACERA's Kaiser Permanente HMO plan (only if the retiree enrolls in ACERA's Kaiser Permanente Senior Advantage Plan, not OneExchange)
- No medical coverage through ACERA
 - » 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.



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

ACERA offers 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
- An individual plan through OneExchange

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 Health Plans button at www.acera.org or simply visit www.acera.org/health-plans.

◆ Lose Belly Fat

If you're overweight, slimming down can protect you 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.



◆ **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, 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 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.

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 2015 plans, begin on page 22.

◆ **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.



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.uhcwest.com</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	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 8 for more information on enrolling in a medical plan through OneExchange.</p> <p>Note: OneExchange plans are "guaranteed issue" upon your first enrollment in a OneExchange plan. This means your pre-existing medical conditions are not a factor in determining the cost (premium) of your coverage. If you switch OneExchange plans, your pre-existing conditions may have an effect on the cost of your new plan.</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 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>	

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		
• 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

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.

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 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 OneExchange, and you would not be able to use ACERA's 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

- ◆ **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.

are eligible for to pay for prescription copays by sending claims to OneExchange. See page 23 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, 2015, 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 & Out-of-Network**	
Plan Year Benefit Maximum	\$1,300	\$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
• 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
• Oral Surgery	80%	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
Other			
• TMJ Benefits	50%; \$500 lifetime max	50% after deductible; \$500 lifetime max	Not covered
• 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 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. 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, 2015	Yes	Delta Dental
June 10, 2015	Yes	Delta Dental
September 10, 2015	No	You
January 10, 2016	No	You
February 10, 2016	Yes	Delta Dental (because a new plan year begins on February 1, 2016)

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

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 2015	\$800	\$500
Retired	June 2015	\$500	\$0
Retired	October 2015	\$0	\$0
Retired	March 2016	\$400	\$900 (because a new plan year begins Feb. 1, 2016)

◆ **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.

* Sample amounts are based on a \$1,300 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 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 2015	\$35	\$15
Retired	June 2015	\$15	\$0
Retired	October 2015	\$0	\$0
Retired	March 2016	\$35	\$15 (because a new plan year begins February 1, 2016)

* 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.” PPO dentists agree to accept a reduced fee for PPO patients.	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. 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 charged only the patient’s share* at the time of treatment. Delta Dental pays its portion directly to the dentist.	Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement. Premier dentists charge you only the patient’s share* at the time of treatment.
PPO 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.** Premier dentists will complete claim forms and submit them for you at no charge.

* 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). 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/go/acera.

Premium costs effective February 1, 2015 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
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)	\$150 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 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

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 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, 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

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

Monthly Medical Allowance Amounts for Group Plans

(For all medical plans except OneExchange 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 2015 remain unchanged (i.e., equal to the 2014 MMA) and are noted in the table on the following page.

◆ **Healthcare Benefits Are Not Guaranteed**
Dental, Vision, both Monthly Medical Allowances (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.

◆ **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.

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 (OneExchange plans) Monthly Medical Allowance Amounts

The Medicare Exchange Monthly Medical Allowance (MMA) for those enrolled in a Medicare plan through OneExchange works differently. Plan premiums through the exchange are much lower than group plan premiums. Excess MMA dollars may only be used to pay 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. Unused MMA amounts at the year’s end do not carry over into the new plan year.

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

MMA for OneExchange 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 OneExchange, 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 for. You can also set up an automatic reimbursement to your bank account.

OneExchange & Retirees Who Return to Work

If you return to work for one of ACERA’s participating employers and you are enrolled in a Medicare plan through OneExchange, you will not be eligible to receive the Monthly Medical Allowance (MMA) for OneExchange 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).

Making Medicare Exchange Reimbursements Easier

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

- ◆ 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 3 for more information.

- ◆ **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.

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 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.

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 Medicare Part B Reimbursement Plan Form at www.acera.org/forms, complete the form, and return it to ACERA.

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.

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

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.

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	\$670.58	\$1,341.16	\$1,897.74	\$670.58	\$1,341.16	\$1,897.74
• MMA Contribution	\$0	\$0	\$0	\$261.08	\$261.08	\$261.08
• Cost to Retiree	\$670.58	\$1,341.16	\$1,897.74	\$409.50	\$1,080.08	\$1,636.66
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	\$2,341.06	\$4,541.54	\$6,414.10	\$2,341.06	\$4,541.54	\$6,414.10
• MMA Contribution	\$0	\$0	\$0	\$261.08	\$261.08	\$261.08
• Cost to Retiree	\$2,341.06	\$4,541.54	\$6,414.10	\$2,079.98	\$4,280.46	\$6,153.02

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	\$670.58	\$1,341.16	\$1,897.74	\$670.58	\$1,341.16	\$1,897.74
• MMA Contribution	\$391.62	\$391.62	\$391.62	\$522.16	\$522.16	\$522.16
• Cost to Retiree	\$278.96	\$949.54	\$1,506.12	\$148.42	\$819.00	\$1,375.58
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	\$2,341.06	\$4,541.54	\$6,414.10	\$2,341.06	\$4,541.54	\$6,414.10
• MMA Contribution	\$391.62	\$391.62	\$391.62	\$522.16	\$522.16	\$522.16
• Cost to Retiree	\$1,949.44	\$4,149.92	\$6,022.48	\$1,818.90	\$4,019.38	\$5,891.94

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	\$1,001.54	\$1,218.50	\$1,558.12
• MMA Contribution	\$0	\$0	\$0	\$0	\$0
• Cost to Retiree	\$330.96	\$661.92	\$1,001.54	\$1,218.50	\$1,558.12
OneExchange 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	\$1,001.54	\$1,218.50	\$1,558.12
• MMA Contribution	\$261.08	\$261.08	\$261.08	\$261.08	\$261.08
• Cost to Retiree	\$69.88	\$400.84	\$740.46	\$957.42	\$1,297.04
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'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	\$1,001.54	\$1,218.50	\$1,558.12
• MMA Contribution	\$330.96	\$330.96	\$330.96	\$330.96	\$330.96
• Cost to Retiree	\$0.00	\$330.96	\$670.58	\$887.54	\$1,227.16
OneExchange 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	\$1,001.54	\$1,218.50	\$1,558.12
• MMA Contribution	\$330.96	\$330.96	\$330.96	\$330.96	\$330.96
• Cost to Retiree	\$0.00	\$330.96	\$670.58	\$887.54	\$1,227.16
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's Call Center for more information.

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 - 14 Years of ACERA Service Credit or b. and c. above		
	Self	Self + 1	Family	Self	Self + 1	Family
DENTAL PLANS						
Delta Dental PPO	\$58.72	\$98.33	\$160.52	\$40.84	\$80.43	\$142.64
• ACERA Contribution	\$0	\$0	\$0	\$40.84	\$40.84	\$40.84
• Cost to Retiree	\$58.72	\$98.33	\$160.52	\$0	\$39.59	\$101.80
DeltaCare USA	\$29.86	\$43.76	\$60.58	\$21.33	\$35.23	\$52.05
• ACERA Contribution	\$0	\$0	\$0	\$21.33	\$21.33	\$21.33
• Cost to Retiree	\$29.86	\$43.76	\$60.58	\$0	\$13.90	\$30.72
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	\$40.84	\$80.43	\$142.64	\$40.84	\$80.43	\$142.64
• ACERA Contribution	\$40.84	\$40.84	\$40.84	\$40.84	\$40.84	\$40.84
• Cost to Retiree	\$0	\$39.59	\$101.80	\$0	\$39.59	\$101.80
DeltaCare USA	\$21.33	\$35.23	\$52.05	\$21.33	\$35.23	\$52.05
• ACERA Contribution	\$21.33	\$21.33	\$21.33	\$21.33	\$21.33	\$21.33
• Cost to Retiree	\$0	\$13.90	\$30.72	\$0	\$13.90	\$30.72
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

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

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 less than those of your current coverage. You are eligible to purchase such plans without regard to your health status, claims experience, or receipt of health care of 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 in writing to ACERA 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 in writing to ACERA enrollment intention 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 insurance carriers 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 provider you should first telephone your health plan's customer service department 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 an 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 1-888-466-2219 (TDD 1-877-688-9891) or www.dmhc.ca.gov.



2015 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	my.kp.org/acera	Medical/Prescription ID Yes:	
→ Senior Advantage	7668	1-800-443-0815	1-800-443-0815	1-800-443-0815	my.kp.org/acera	Medical/Prescription ID Yes:	
UnitedHealthcare							
→ SignatureValue HMO	149659	1-800-624-8822	1-800-624-8822	1-800-624-8822	www.uhwest.com	Medical/Prescription ID Yes:	
→ Choice Plus PPO	717829	1-866-633-2474	1-866-633-2474	1-866-633-2474	www.myuhc.com	Medical/Prescription ID Yes:	
• Medicare Exchange							
→ OneExchange	N/A	1-888-427-8730	1-888-427-8730	1-888-427-8730	medicare.oneexchange.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/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	Mary Moresi		510-531-7050	Fax 510-489-7529	reactsite.org		
• PERS - Long Term Care		1-800-982-1775			www.calperslongtermcare.com		
• Deferred Compensation	Tina Weston	510-272-6809	510-272-6809				
• Cancer Tips		Learn how to help lower your chances of getting cancer, plus what screening tests to get and when to get them.				www.cancer.org/healthy	
• Family Health Portrait		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.				familyhistory.hhs.gov	