

## Retiree Benefits Summary

You are **eligible** to participate in the ACPS group benefit plans on the 1<sup>st</sup> day of the month following end of active coverage.

If you enroll you can also cover your dependents, including your spouse and eligible children. You will be required to provide documents supporting the eligibility of your dependents before they can be enrolled in coverage.

For Spouse – provide copies of 2 forms of documentation listed below:

- A copy of your marriage certificate AND
- A copy of the front page of your most recent tax return confirming this dependent as a spouse, OR documentation dated within the last sixty (60) days establishing current relationship status such as joint household bill, joint bank/credit account, joint mortgage/lease, or insurance policies OR documentation dated within the last sixty (60) days establishing current common residency. The document must list you and your spouse's name, the date and mailing address.

For Children – provide the documentation listed below:

- A copy of the child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order/adoption decree naming you or your spouse as the child's legal guardian or permanent custodian.
- If this is your step-child, the documentation listed above for a Spouse is required as proof of the stepchild's relationship to the employee.

### Medical

ACPS medical coverage is provided through United Healthcare and Kaiser. If you are non-Medicare Part B eligible upon time of retirement, you have two options from which to choose:

- The **Point-of-Service (POS) Plan** is a healthcare option that allows you to choose medical services that are needed and whether you will go to a provider within the network or seek medical care outside of the network at time of service. However, when you use in-network providers, you receive the highest level of benefits.
- The **Health Maintenance Organization (HMO)** uses a network of physicians, clinic and hospital staff that provide prevention and treatment to members and their families. However, to be covered, all care must be provided by an HMO network provider, in other words, the plan does not provide out-of-network coverage.

If you are Medicare Part B eligible upon time of retirement, effective July 1, 2012, you will only have one option in which to continue coverage, participation in this plan requires enrollment in Medicare Parts A and B. This only applies to new retirees leaving ACPS on or after July 1, 2012.

- The **Medicare Part C including Part D plan** for those individuals with Medicare Parts A and B can choose to receive all of their health care services through one of our provider organizations under Part C. Medicare pays a fixed amount for the care every month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how services are provided. These rules can change each year. Part D helps pay for medications doctors prescribe for treatment.

### Health Insurance Credit

Sponsored through the Virginia Retirement System, the health insurance credit provides you with a reimbursement to assist with the cost of health insurance premiums. The credit is added to your monthly retirement benefit. The credit is a dollar amount set by the General Assembly for each year of service. The credit ends upon your death and cannot exceed the amount of your individual health insurance premium. Minimum eligibility requirements: you must be a professional, teacher, or administrative support, retiring with 15 or more years of creditable service; or retiring on a disability; or receiving a long-term disability benefit through the Virginia Sickness & Disability Program.

## **Medical Subsidy**

Full time, employees working at least 30 hours per week, hired prior to July 1, 2008 and retiring under the provisions of VRS will receive a maximum \$265 per month subsidy towards the cost of continuing group medical care coverage with ACPS. The following guidelines apply to all employees hired after July 1, 2008:

- The employee would not earn a contribution until 100% vested in the ACPS supplemental retirement program, which is currently five years.
- The pro-rated amount would be 5% per year. At the time of completion of vesting in the ACPS supplemental retirement program, the employee would be granted full credit for those five years, and would earn 25% of the retiree medical subsidy.
- The remaining amount would be granted at a rate of 5% for each full year of VRS creditable service incurred prior to employment with ACPS, plus 5% of every year of VRS creditable service earned during ACPS employment.
- The maximum subsidy of \$265 per month would be earned after 20 years of creditable VRS service.
- The subsidy would be available only to employees retiring from ACPS and participating in an ACPS group medical plan. Dental and Vision benefits would be excluded.
- If an employee is approved for VRS disability retirement, the employee would receive the full amount of the retiree medical subsidy.

### **Monthly Premium – Health Insurance Credit = Net Premium for Retiree Only**

- If Net Premium for Retiree Only is \$265 or greater, ACPS will provide the total eligible subsidy maximum, \$265.
- If Net Premium for Retiree Only is less than \$265, ACPS will provide the total eligible subsidy maximum equal to the Net Premium.

## **UNITED HEALTHCARE**

www.uhc.com	POS		HMO	MEDICARE PART C
	In-Network	Out-of-Network	In-Network	In & Out of Network
Annual Deductible	None	None	None	None
Coinsurance (plan pays)	100%	80%	100%	100%
Out-of-Pocket Maximum	Individual \$2,800 Family \$8,600	Individual \$2,800 Family \$8,600	Individual \$2,200 Family \$7,200	Individual \$2,000
Doctor's visits	\$ 15 co-pay	80%	\$ 15 co-pay	\$10 Primary Care & \$20 Specialist
Preventive Care	No charge	80%	No charge	No charge
Urgent Care	\$ 15 co-pay	80%	\$ 15 co-pay	\$35 co-pay
Inpatient Hospital	\$200 per admission	80%	\$200 per admission	\$200 co-pay
X-rays & Lab (preventive)	No charge	80%	No charge	No charge
Emergency Room	\$ 100 per visit, waived if admitted	\$100 per visit, waived if admitted	\$ 100 per visit, waived if admitted	\$50 co-pay, waived if admitted
Ambulance Service	No charge	80%	No charge	\$50 co-pay
Dental Services	\$15 co-pay for accident only	80% for accident only	\$15 co-pay for accident only	Not covered
Vision Services - Office visit	\$25 per visit one exam per year	80%	\$25 per visit one exam per year	Not covered

Your total monthly premium for **United Healthcare** less eligible subsidy (maximum \$265 per month benefit):

Level of Coverage	HMO	POS	Medicare Part C**
Retiree Only	\$ 417.84	\$ 499.75	\$ 104.16 - \$200.00*
Dependent of Retiree	\$ 682.84	\$ 764.75	\$ 369.16
Retiree plus One Dependent	\$1,046.43	\$1,203.72	\$ 473.32 - \$ 569.16*
Retiree plus Family	\$1,557.06	\$1,775.60	

\*see attached chart for total monthly cost; \*\*the total premium does NOT include your Medicare premium.

## KAISER

www.kp.org	POS Plan		HMO Plan	MEDICARE PART C
	In-Network	Out-of-Network	In-Network	In-Network
Annual Deductible	None	Individual \$300 Family \$600	None	None
Coinsurance (plan pays)	100%	80%	100%	100%
Out-of-Pocket Maximum	Individual \$3,000 Family \$6,000	Individual \$3,000 Family \$6,000	Individual \$3,500 Family \$9,400	Individual \$3,400
Doctor's visits	\$ 15 co-pay	80%	\$ 15 co-pay	\$ 15 co-pay
Preventive Care	No charge	80%	No charge	No charge
Urgent Care	\$ 15 co-pay	80%	\$ 15 co-pay	\$ 15 co-pay
Inpatient Hospital	\$200 per admission	80%	\$200 per admission	\$100 co-pay
X-rays & Lab	No charge	80%	No charge	No charge
Emergency Room	\$ 100 per visit, waived if admitted	\$100 per visit, waived if admitted	\$ 100 per visit, waived if admitted	\$ 50 co-pay
Ambulance Service	No charge	80%	No charge	No charge
Dental Services	\$30 co-pay for preventive dental	\$30 co-pay for preventive dental	\$30 co-pay for preventive dental	\$ 30 co-pay for office visit, 1 exam every 6 months
Vision Services				
- Office visit	\$15 per visit	80%	\$15 per visit	\$ 15 co-pay
- Eyeglass frames & lenses	25% discount off retail price	10% discount off retail price	25% discount off retail price	75% of the cost glasses 85% of cost of contacts
- Contact lenses	15% discount off retail price	5% discount off retail price	15% discount off retail price	

Your total monthly premium for **Kaiser** less eligible subsidy (maximum \$265 per month benefit):

Level of Coverage	HMO	POS	Medicare Part C**
Retiree Only	\$ 168.99 - \$200.00*	\$ 284.93	\$ 0.00
Dependent of Retiree	\$ 433.99	\$ 549.93	\$ 206.55
Retiree plus One Dependent	\$ 567.26 - \$598.27*	\$ 789.60	\$ 206.55
Retiree plus Family	\$ 890.89 - \$921.90*	\$1,199.69	

\*see attached chart for total monthly cost; \*\*the total premium does NOT include your Medicare premium.

### Prescription Drug Plan

When you enroll in the medical plan, your prescription drug coverage is included. This coverage allows you to fill your prescriptions at participating retail pharmacies, as well as through a mail order program. The amount of your co-pay depends on the type of prescription that you purchase. Your doctor and pharmacist can help you select the prescription that is right for you. This plan is provided through Medco with United Healthcare; and Kaiser or Participating Network Pharmacies.

- A **generic drug or Tier 1** is one that meets the same standards as brand-name drugs for safety, purity, strength, and effectiveness. You pay a lower co-pay when you elect generic drugs.
- A **preferred brand-name drug or Tier 2** is a brand-name drug that is listed on the Preferred Drug List (PDL). These drugs meet the needs of most patients.
- A **non-preferred brand-name drug or Tier 3** is a brand-name drug that is not on the preferred list of the carrier. These drugs usually have an alternative on the preferred list.
- A **Tier 4** is a specialty drug.

	United Healthcare		United Healthcare Medicare Part D		Kaiser		Kaiser Medicare Part D	
	Retail (31-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)	Retail (60-day supply)	Mail Order (90-day supply)
Generic or Tier 1	\$ 10 co-pay	\$ 20 co-pay	\$ 10 co-pay	\$ 20 co-pay	\$15 or \$20 co-pay	\$ 13 co-pay	\$15 or \$25 co-pay	\$ 10 co-pay
Preferred brand-name or Tier 2	\$ 30 co-pay	\$ 60 co-pay	\$ 25 co-pay	\$ 50 co-pay	\$25 or \$45 co-pay	\$ 23 co-pay	\$15 or \$25 co-pay	\$ 10 co-pay
Non-preferred brand-name or Tier 3	\$ 50 co-pay	\$100 co-pay	\$ 50 co-pay for both Tier 3 and Tier 4	\$100 co-pay for both Tier 3 and Tier 4	\$40 or \$60 co-pay	\$ 38 co-pay	\$15 or \$25 co-pay	\$ 10 co-pay

### **Dental Plan**

ACPS dental plan is provided through MetLife. With this plan, you are free to receive treatment from any licensed dentist. However, you are likely to save money by going to a MetLife participating dentist. For each covered service, the MetLife participating dentists agree to accept their actual fee or MetLife's reasonable and customary fee, whichever is less. If the MetLife's reasonable and customary fee is lower than the dentist's fee, the dentist agrees not to charge you the difference. Remember, if you go to a dentist that does not participate in the MetLife network, [www.metlife.com](http://www.metlife.com), reasonable and customary limitations will apply.

Services	In-Network	Out-of-Network Reimbursement
Annual deductible	\$ 50 Individual \$150 Family	\$ 50 Individual \$150 Family
Calendar Year Maximum Benefit	\$ 2,000	\$ 2,000
Orthodontia Lifetime Maximum	\$ 1,000	\$ 1,000
Preventive care	100%	75%
Basic restorative care*	80%	60%
Major reconstructive care*	80%	60%
Orthodontic ( <i>children &amp; adult coverage</i> )	50%	50%

\*Annual deductible only applies to basic and major care.

Level of Coverage	Monthly Premium
Retiree Only	\$ 27.23
Dependent of Retiree	\$ 27.23
Retiree plus One Dependent	\$ 44.37
Retiree plus Family	\$ 71.39

## **Vision Plan**

ACPS offers a separate comprehensive vision plan through EyeMed. This plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the EyeMed INSIGHT network, [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). As you seek vision care services you should consider using EyeMed providers so you can receive the in-network coverage – maximizing the full coverage provided by this benefit.

<b>Services</b>	<b>In-Network</b>	<b>Out-of-Network Reimbursement</b>
<b>Office Visits</b> - Co-pay - Frequency	\$ 10 co-pay Once every 12 months	Up to \$30
<b>Contact Lens Fit &amp; Follow-Up</b> - Standard - Premium	Up to \$55 10% off U&C	N/A N/A
<b>Frames</b> - Co-pay - Frequency - Annual allowance	None Once every 12 months \$ 150; 20% off balance over \$150	Up to \$75
<b>Standard Lenses</b> - Frequency - Single vision - Bifocal - Trifocal - Standard Progressive Lenses - Premium Progressive Lenses	Once every 12 months \$ 20 co-pay \$ 20 co-pay \$ 20 co-pay \$ 85 \$111 - \$123	Up to \$25 Up to \$40 Up to \$55 Up to \$40 Up to \$40
<b>Lens Options</b> - UV coating - Tint (solid and gradient) - Standard scratch resistance - Standard polycarbonate – adults - Standard polycarbonate – kids under 19 - Standard anti-reflective coating - Photochromic/Transitions - Other Add-ons and services	\$ 15 \$ 15 \$ 0 \$ 40 \$ 0 \$ 45 \$ 75 20% off retail price	N/A N/A Up to \$5 N/A Up to \$5 N/A N/A N/A
<b>Contact Lenses</b> - Conventional & Disposable - Annual allowance - Medically necessary	\$ 0 co-pay \$ 150; 85% -100% of balance over \$150 \$ 0 co-pay, paid in full	Up to \$120 Up to \$200
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A
Additional Pairs Discount	40% discount off complete pair eyeglass purchase & 15% off conventional contact lenses once funded benefit used	N/A

<b>Level of Coverage</b>	<b>Monthly Premium</b>
Retiree Only	\$ 7.04
Dependent of Retiree	\$ 7.04
Retiree plus One Dependent	\$13.38
Retiree plus Family	\$19.65

## **Life Insurance**

Sponsored through the Virginia Retirement System, you receive a life insurance benefit of two times your annual salary on the date of my retirement. However, the value of the insurance will decrease by 2% each month until the total value is equal to 25% of the original amount. The premiums for the insurance are paid for by ACPS.

## **Retirement**

### ***Virginia Retirement System***

[www.varetire.org](http://www.varetire.org)

You will have different options on how to receive your retirement monies, i.e. basic benefit, basic benefit with partial lump sum payment, advance pension option, survivor option and survivor option with part-lump sum payment.

### ***Principal Financial Group***

[www.principal.com](http://www.principal.com)

You will have different options on how to receive your retirement monies, i.e. life annuity, life with modified cash refund annuity, certain and life annuity or survivorship annuity.

## **Payment of Monthly Premium**

- If you elect the United Healthcare Medicare Part C, you will receive a coupon book for your monthly premium directly from United Healthcare, and will remit your premiums directly to them.
- If you elect any of the other coverage's listed above, your total monthly premium will be deducted from your VRS Retirement check.
- If you are a Surviving Dependent of a Retiree, your monthly premium is due the first of each month, checks payable to "ACPS", mailed to Attention: Human Resources Benefits Team, 2000 N Beauregard St, Suite 107, Alexandria, VA 22311.

***Please note, failure to pay the monthly premium on time or within the 30-day grace period, will result in cancellation of your coverage's and you will be unable to re-enroll at a later date.***

## \*Monthly Retiree Premiums

VRS Years of Service	UHC Medicare Part C Premium Retiree Only	UHC Medicare Part C Premium Retiree plus One		VRS Years of Service	Kaiser HMO Premium Retiree Only	Kasier HMO Premium Retiree plus One	Kaiser HMO Premium Retiree plus Family
15	\$ 104.16	\$ 473.32		15	\$ 168.99	\$ 567.26	\$ 890.89
16	\$ 104.16	\$ 473.32		16	\$ 168.99	\$ 567.26	\$ 890.89
17	\$ 104.16	\$ 473.32		17	\$ 168.99	\$ 567.26	\$ 890.89
18	\$ 104.16	\$ 473.32		18	\$ 168.99	\$ 567.26	\$ 890.89
19	\$ 104.16	\$ 473.32		19	\$ 168.99	\$ 567.26	\$ 890.89
20	\$ 104.16	\$ 473.32		20	\$ 168.99	\$ 567.26	\$ 890.89
21	\$ 104.16	\$ 473.32		21	\$ 168.99	\$ 567.26	\$ 890.89
22	\$ 104.16	\$ 473.32		22	\$ 168.99	\$ 567.26	\$ 890.89
23	\$ 104.16	\$ 473.32		23	\$ 168.99	\$ 567.26	\$ 890.89
24	\$ 104.16	\$ 473.32		24	\$ 168.99	\$ 567.26	\$ 890.89
25	\$ 104.16	\$ 473.32		25	\$ 168.99	\$ 567.26	\$ 890.89
26	\$ 104.16	\$ 473.32		26	\$ 168.99	\$ 567.26	\$ 890.89
27	\$ 108.00	\$ 477.16		27	\$ 168.99	\$ 567.26	\$ 890.89
28	\$ 112.00	\$ 481.16		28	\$ 168.99	\$ 567.26	\$ 890.89
29	\$ 116.00	\$ 485.16		29	\$ 168.99	\$ 567.26	\$ 890.89
30	\$ 120.00	\$ 489.16		30	\$ 168.99	\$ 567.26	\$ 890.89
31	\$ 124.00	\$ 493.16		31	\$ 168.99	\$ 567.26	\$ 890.89
32	\$ 128.00	\$ 497.16		32	\$ 168.99	\$ 567.26	\$ 890.89
33	\$ 132.00	\$ 501.16		33	\$ 168.99	\$ 567.26	\$ 890.89
34	\$ 136.00	\$ 505.16		34	\$ 168.99	\$ 567.26	\$ 890.89
35	\$ 140.00	\$ 509.16		35	\$ 168.99	\$ 567.26	\$ 890.89
36	\$ 144.00	\$ 513.16		36	\$ 168.99	\$ 567.26	\$ 890.89
37	\$ 148.00	\$ 517.16		37	\$ 168.99	\$ 567.26	\$ 890.89
38	\$ 152.00	\$ 521.16		38	\$ 168.99	\$ 567.26	\$ 890.89
39	\$ 156.00	\$ 525.16		39	\$ 168.99	\$ 567.26	\$ 890.89
40	\$ 160.00	\$ 529.16		40	\$ 168.99	\$ 567.26	\$ 890.89
41	\$ 164.00	\$ 533.16		41	\$ 168.99	\$ 567.26	\$ 890.89
42	\$ 168.00	\$ 537.16		42	\$ 168.99	\$ 567.26	\$ 890.89
43	\$ 172.00	\$ 541.16		43	\$ 172.00	\$ 570.27	\$ 893.90
44	\$ 176.00	\$ 545.16		44	\$ 176.00	\$ 574.27	\$ 897.90
45	\$ 180.00	\$ 549.16		45	\$ 180.00	\$ 578.27	\$ 901.90
46	\$ 184.00	\$ 553.16		46	\$ 184.00	\$ 582.27	\$ 905.90
47	\$ 188.00	\$ 557.16		47	\$ 188.00	\$ 586.27	\$ 909.90
48	\$ 192.00	\$ 561.16		48	\$ 192.00	\$ 590.27	\$ 913.90
49	\$ 196.00	\$ 565.16		49	\$ 196.00	\$ 594.27	\$ 917.90
50	\$ 200.00	\$ 569.16		50	\$ 200.00	\$ 598.27	\$ 921.90