

# 2010 Health Program Guide

A complete information guide to your  
CalPERS health benefits



## About This Publication

The *2010 Health Program Guide* describes CalPERS Basic and Medicare health plan eligibility, enrollment, and choices. It provides an overview of all CalPERS health plans and tells you how and when you can make changes to your plan (including what forms and documentation you will need). It also describes how life changes or changes in your employment status can affect your benefits and eligibility.

This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- **2010 Health Benefit Summary** — Compares benefits, covered services, and co-payment information for all CalPERS health plans
- **2010 CalPERS Medicare Enrollment Guide** — Provides information about how Medicare works with your CalPERS health benefits
- **2010 Your Health Care, Your Choices** — Provides valuable information to help you choose a health plan and health care providers (only available online)

You can obtain the above publications and other information about your CalPERS health benefits through my|CalPERS at <http://my.calpers.ca.gov> or by calling CalPERS at **888 CalPERS** (or **888-225-7377**).

# Contents

<b>Eligibility and Enrollment</b> . . . . .	<b>3</b>
Who is Eligible for the CalPERS Health Program? . . . . .	3
Where to Get Help With Your Health Benefits Enrollment . . . . .	4
Who is Not Eligible for the CalPERS Health Program? . . . . .	4
Enrolling Yourself and Eligible Family Members . . . . .	5
Additional Enrollment Opportunities. . . . .	8
<b>Circumstances That Can Affect Your Health Benefits</b> . . . . .	<b>9</b>
Life Changes . . . . .	9
Changes in Employment Status. . . . .	11
Losing Your Coverage . . . . .	12
When Can You Make Changes to Your Health Plan? . . . . .	13
<b>Health Plan Options</b> . . . . .	<b>14</b>
CalPERS Basic Health Plans . . . . .	14
Choosing a Health Plan . . . . .	15
CalPERS Medicare Health Plans . . . . .	16
Health Plan Availability . . . . .	18
<b>Health Plan Information for Members</b>	
<b>Who Are Retiring or Retired</b> . . . . .	<b>19</b>
How Retirement Affects Your Health Benefits . . . . .	19
Changing Your Health Plan if You Are Retired . . . . .	19
Your Separation Date and Your Retirement Date . . . . .	20
State Vesting Requirements . . . . .	21
Contracting Agency Vesting Requirements . . . . .	21
Understanding the Basics of Medicare . . . . .	22
When Do You Enroll in a CalPERS Medicare Health Plan? . . . . .	24
<b>Enrollment Forms and Supporting Documentation</b> . . . . .	<b>25</b>
Getting the Information You Need . . . . .	25
Required Documentation for Enrollment Changes . . . . .	26
<b>Resource Information</b> . . . . .	<b>28</b>
Getting Assistance with Your Health Benefits . . . . .	28
Health Plan Directory. . . . .	29
Resolving Problems with Your Health Plan. . . . .	30
Patient Bill of Rights . . . . .	31
CalPERS Notice of Privacy Practices . . . . .	33
CalPERS Notice of Agreement for Arbitration . . . . .	38
<b>Definition of Terms</b> . . . . .	<b>39</b>
Health Benefits Plan Enrollment for Retirees form. . . . .	43

## About CalPERS

CalPERS is the largest purchaser of public employee health benefits in California, and the second largest public purchaser in the nation after the federal government. Our program provides benefits to nearly 1.3 million public employees, retirees, and their families.

Depending on where you reside or work, CalPERS offers active employees and retirees one or more types of health plans, which may include:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Exclusive Provider Organization (EPO)  
(for members in certain California counties)

The CalPERS Board of Administration reviews health plan contracts annually to determine the specific health plans available, as well as covered benefits, monthly health premiums, and co-payments.

Whether you are working or retired, your employer or former employer may make monthly contributions toward your health premiums. The amount of this contribution varies. The cost of your premium may depend on your employer or your former employer's contribution, the length of your employment, and the health plan you choose. Active employees should contact their employer, State retirees should contact CalPERS, and contracting agency retirees should contact their former employer for the monthly contribution amounts.

### CalPERS Health Program Vision Statement

CalPERS will lead in the promotion of health and wellness of our members through best-in-class, data-driven, cost-effective, quality, and sustainable health benefit options for our members and employers.

We will engage our members, employers, and other stakeholders as active partners in this pursuit and be a leader for health care reform both in California and nationally.

# Eligibility and Enrollment



## Who is Eligible for the CalPERS Health Program?

Employees and retirees/annuitants of the State of California (“State”) and contracting agencies may sign up for the CalPERS Health Program. To enroll in the program, you must meet certain eligibility requirements.

### Employees

Eligibility is based on tenure and time base of your qualifying appointment. You must have a permanent appointment and work at least half-time. “Limited Term” appointments must have a duration of more than six months.

### State Permanent-Intermittent (PI) Employees

If you are a State Permanent-Intermittent (PI) employee, you may enroll if you have credit for a minimum of 480 paid hours at the end of a “control period.” A control period is the six months from January 1 to June 30 or July 1 to December 31. You cannot become eligible in the middle of a control period even if the minimum hours are met. To continue to qualify for coverage, you must be credited with at least 480 paid hours at the end of each control period or at least 960 hours in two consecutive periods. Checkpoints to determine whether the hours have been met are June 30 and December 31.

#### **Note for Contracting Agency Employees:**

*Check with your Health Benefits Officer for any health plan enrollment eligibility exceptions.*

### Retirees

You are eligible to enroll in a CalPERS health plan if:

- Your retirement date is within 120 days of separation from employment
- You were eligible for health benefits upon separation
- You receive a monthly retirement allowance
- You retire from the State, California State University (CSU), or an agency that currently contracts with CalPERS for health benefits

### Family Members

The terms “family member” and “dependent” are used interchangeably. Eligible family members include:

- Spouse
- Registered domestic partner
- Children (natural, adopted, domestic partner children, or stepchildren) up to age 23 who have never been married
- Economically dependent children up to age 23, who have never been married and who remain economically dependent
- Certified disabled dependent children over age 23

**Note:** *It is against the law to enroll ineligible family members. If you do so, you may have to pay all costs incurred by the ineligible person from the date the coverage began.*

## Where to Get Help With Your Health Benefits Enrollment

If you are an active employee, contact your Health Benefits Officer to make all health benefit enrollment changes.

Once you retire, CalPERS becomes your Health Benefits Officer. As a retiree, you may make changes to your health plan in any of the following ways:

- At CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov)
- Through my|CalPERS at <http://my.calpers.ca.gov>

- By writing to us at P.O. Box 942714, Sacramento, CA 94229-2714
- By calling us toll-free at **888 CalPERS** (or **888-225-7377**)

The chart on pages 26–27 indicates the forms and supporting documentation needed for each type of change.

## Who is Not Eligible for the CalPERS Health Program?

Certain State or contracting agency employees and family members are not eligible for CalPERS health benefits.

### Ineligible Employees

- Those working less than half-time (certain California State University employees and some agencies have contracted for employees working less than half-time to qualify for health benefits)
- Those whose appointment lasts less than six months
- Those whose job classification is “Limited-Term Intermittent” (seasonal or temporary)
- Those classified as “Permanent-Intermittent” who do not meet the hour requirements within the control period
- Those whose employer does not have a contract or has terminated its contract with CalPERS

### Ineligible Family Members

- Children age 23 or older
- Children who have been married
- Children’s spouses
- Disabled children over age 23 who were never enrolled or who were deleted from coverage
- Former spouses/former registered domestic partners
- Grandparents
- Parents
- Children of former spouses/former registered domestic partners

**Note:** *It is against the law to enroll ineligible family members. If you do so, you may have to pay all costs incurred by the ineligible person from the date the coverage began.*

## Enrolling Yourself and Eligible Family Members

This section provides you information about enrollment timeframes and effective dates for enrolling yourself and your family members. If your initial timeframe expires, you may enroll during the next Open Enrollment period, or use a special or late enrollment opportunity. (See “Additional Enrollment Opportunities” on page 8 for more information.) All health plan changes made during Open Enrollment will be effective January 1 following the Open Enrollment period. The chart on pages 26–27 helps you identify the forms and supporting documentation required to enroll eligible family members.

### Employees

You have 60 days from the date of your initial appointment to enroll yourself or yourself and all eligible family members in a health plan. Permanent Intermittent employees have 60 days from the end of the qualifying control period to enroll.

If you are a new enrollee or are requesting a change due to a qualifying event, the effective date is the first day of the month following the date your Health Benefits Officer receives the **Health Benefits Plan Enrollment** form (for active members) or the **Health Benefits Plan Enrollment for Retirees** form located at the back of this booklet.

### Retirees

If you are currently enrolled in a CalPERS health plan and want to continue your enrollment into retirement, your employer will notify CalPERS, and your coverage will continue into your retirement. As you transition from employment to retirement, be sure to inform CalPERS if you or your dependents have Medicare coverage. (See the section “Health Plan Information for Members Who are Retiring or Retired” beginning on page 19 for more details.)

### Spouse

You may add your spouse to your health plan within 60 days of your marriage. You are required to provide a copy of the marriage certificate and the spouse’s Social Security Number and Medicare card (if applicable). Your spouse’s coverage will become effective the first day of the month following the date your Health Benefits Officer receives the **Health Benefits Plan Enrollment** form (for active members) or the **Health Benefits Plan Enrollment for Retirees** form.

### Registered Domestic Partner

You may add your registered domestic partner to your health plan within 60 days of registration of the domestic partnership. If you add your domestic partner within 60 days of the registration of the partnership, the coverage will become effective the first day of the month following the date your Health Benefits Officer receives the **Health Benefits Plan Enrollment** form (for active members) or the **Health Benefits Plan Enrollment for Retirees** form.

You may register your domestic partner through the California Secretary of State’s Office. Upon registration, that office will provide you with a *Declaration of Domestic Partnership*. To add your registered domestic partner to your health plan, you are required to submit a copy of the approved *Declaration of Domestic Partnership*, and the domestic partner’s Social Security number and Medicare card (if applicable).

Same sex domestic partnerships between persons who are both at least age 18 and certain opposite sex domestic partnerships (one partner must be 62 years of age or older and the other partner at least 18 years of age) are eligible to register with the Secretary of State. For more information about domestic partnership registration, visit the Secretary of State’s Web site at [www.sos.ca.gov](http://www.sos.ca.gov).

## Children

Natural-born children, adopted children, domestic partnership children, and stepchildren who are under age 23 and have never been married may be added to your health plan, as outlined below:

- Newborn children can be added within 60 days of birth. Coverage is effective from the date of birth.
- Newly-adopted children can be added within 60 days of physical custody. Coverage is effective from the date physical custody is obtained.
- Stepchildren or domestic partnership children under age 23 who have never been married can be added within 60 days after the date of your marriage or registration of your domestic partnership. The coverage will become effective the first day of the month following the date your Health Benefits Officer receives the **Health Benefits Plan Enrollment** form (for active members) or the **Health Benefits Plan Enrollment for Retirees** form.

## Disabled Children Over Age 23

A child over age 23 who has never been married and is incapable of self-support because of a mental or physical condition that existed prior to age 23 and continuously since age 23 may be included when you first enroll. This enrollment is subject to CalPERS approval.

Prior to enrollment of a disabled child over age of 23, you must submit a **Member Questionnaire for the CalPERS Disabled Dependent Benefit** form, and your doctor must complete and submit a **Medical Report for the CalPERS Disabled Dependent Benefit** form for CalPERS approval. You must update these forms periodically upon request.

## Economically Dependent Children

Other children may be eligible if they are under age 23, have never been married, and a parent-child relationship exists. Generally, a parent-child relationship exists when either:

- You have been granted legal custody or joint legal custody of the child
- The child resides with you (generally in the absence of the natural or adoptive parents) and is economically dependent upon you

You have 60 days from the date you obtained custody of the child to enroll him or her on your health plan. Prior to the enrollment of another person's child, you must submit an **Affidavit of Eligibility for Economically Dependent Children** form. This form must include the date you obtained custody of the child or the child became your economic dependent. You may be asked to provide supporting documentation such as court records, tax returns, or proof of school registration. Coverage will become effective the first day of the month following the date your Health Benefits Officer receives the **Health Benefits Plan Enrollment** form (for active members) or the **Health Benefits Plan Enrollment for Retirees** form. You will be asked to recertify this information each year.

## Survivors of an Annuitant

If a CalPERS annuitant satisfied the requirement to retire within 120 days of separation, a surviving beneficiary who is receiving a monthly survivor check may be eligible to enroll within 60 days of the annuitant's death.

If you are a registered domestic partner who is a surviving beneficiary of a deceased employee or annuitant, on or after January 1, 2002, and you are receiving a monthly survivor check, you are eligible to continue coverage. To do so, you must either be currently enrolled or enroll within 60 days of your domestic partner's death, during a future Open Enrollment period, or at a later time due to a qualifying event.

A survivor cannot add any new dependents. Only the eligible dependents who were enrolled at the time of an annuitant's death or those who were eligible to enroll at the time of the annuitant's death qualify for benefits.

### **Enrolling Family Members at a Later Time**

When you enroll, you must enroll yourself or yourself and all eligible family members. However, you may enroll the following family members either at that time or at a later date. (See "Additional Enrollment Opportunities" on page 8.)

- Children age 18 to 22 who have never been married
- Eligible children who are not in your custody
- Dependents in the military, when they return to civilian life

### **Split Enrollments**

Married employees/domestic partners or retirees can enroll separately. However, when these individuals enroll in a CalPERS health plan in their own right, one parent must carry all children and dependents on one health plan. Parents cannot split enrollment of children and dependents. CalPERS will retroactively cancel split enrollments. You may be responsible for all costs incurred from the date the split enrollment began.

### **Enrolling in Two CalPERS Health Plans**

Dual CalPERS coverage occurs when you are enrolled in a CalPERS health plan as both a member and a dependent or as a dependent on two enrollments. This duplication of coverage is against the law. When dual CalPERS coverage is discovered, the enrollment that caused the dual coverage will be retroactively canceled. You may be responsible for all costs incurred from the date the dual coverage began. However, members may enroll in both a CalPERS health plan and a health plan provided through another employer. For example, a spouse may enroll in a State or contracting agency employee's CalPERS plan and in the plan from his or her private employer. In this case, the two plans will coordinate benefits.

### **Identification Cards**

You will need your health plan identification card when you seek medical care. Identification cards are issued by each health plan, not by CalPERS. You should contact your health plan directly if:

- You do not receive your card by the effective date of your initial enrollment
- You need care before your card arrives
- You need additional cards

### **Check Your Health Plan Premium Deduction**

When you change health plans, enroll for the first time, or add/delete dependents, carefully check your paycheck stub or retirement check to verify that the health premium is being paid to the correct health plan in the correct amount.

If you change health plans during Open Enrollment but do not see your new plan's premium payment, do not use the services of your prior plan. To report the discrepancy, active members should contact their employer's Health Benefits Officer and retirees should contact CalPERS.

A \$0.00 deduction for your health plan showing on your pay stub means that your employer (or former employer) is paying the entire premium on your behalf. If you change health plans, you should check to make sure the new plan name is listed.

## Additional Enrollment Opportunities

New employees and their dependents may initially enroll in a CalPERS health plan as indicated in the previous sections. Additional enrollment options and guidelines are described below.

In 1996, Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) to improve portability and continuity of health insurance coverage in the group insurance markets. HIPAA requirements for CalPERS took effect in 1998. HIPAA offers two provisions for employees and family members to enroll in CalPERS health plans outside of the initial enrollment period and the annual Open Enrollment period.

### Special Enrollment

Special Enrollment refers to certain types of enrollment after your initial enrollment, but outside of the annual Open Enrollment period. You may need Special Enrollment under the following circumstances:

**You lose other health coverage:** If you initially declined (or canceled) enrollment for yourself or your dependents (including your spouse) because you had other private or CalPERS health coverage at that time, you may be able to enroll in a CalPERS health plan if the other coverage involuntarily ends. To qualify, you will need to request enrollment within 60 days after the other coverage ends and provide proof that the other coverage has ended.

**You have new family members:** When you enroll, you must enroll yourself or yourself and all eligible family members. If you later have a new dependent as a result of marriage, domestic partner registration, birth, adoption, or placement for adoption, you may enroll yourself and all eligible dependents within 60 days of that event.

The effective date for a Special Enrollment is the first day of the month following the enrollment.

### Late Enrollment

If you decline or cancel enrollment for yourself or your dependents and the Special Enrollment exceptions do not apply, your right (or your dependents' rights) to enroll in the future will be limited. You will either have to wait for a 90-day period or until the next CalPERS Open Enrollment period. The earliest effective date of enrollment will be the first of the month following the 90-day waiting period or the January 1 following the Open Enrollment period.

# Circumstances That Can Affect Your Health Benefits



## Life Changes

You are responsible for ensuring that the health enrollment information about you and your family members is accurate, and for reporting any changes in a timely manner. If you fail to maintain current and accurate health enrollment information, you may be liable for the reimbursement of health premiums or health care services incurred during the entire ineligibility period.

State law limits the health premium reimbursement period to six months for certain life changing events. For example, if your divorce or dissolution occurred in 2005, yet you did not report it until 2009, your former spouse or registered domestic partner will be retroactively canceled from coverage effective the first of the month following the divorce or dissolution. The health premiums will be adjusted for a period of six months from the date your Health Benefits Officer receives copies of supporting documentation.

The following changes must be reported to CalPERS so we can make the appropriate change to your health coverage. If you are an active employee, contact your Health Benefits Officer. If you are a retiree, contact CalPERS toll-free at **888 CalPERS** (or **888-225-7377**).

### Marital Status or Registered Domestic Partnership

Changes in marital status as a result of marriage, divorce, or death may affect your health plan enrollment. Establishing or terminating a registered domestic partnership may also result in changes.

Dependents who marry are no longer eligible for enrollment on your CalPERS Health Plan. Once reported or discovered, the health coverage for the married dependent will terminate on the first day of the month following the marriage.

When you divorce or terminate a registered domestic partnership, your former spouse or registered domestic partner is no longer eligible to receive CalPERS health benefits under your coverage. The coverage terminates on the first day of the month following the date the divorce decree or termination of registered domestic partnership is granted. A copy of the final *Divorce Decree* or *Termination of Domestic Partnership* is required when you delete a former spouse or registered domestic partner from your health plan.

### **Death of a Spouse, Registered Domestic Partner, or Dependent**

You must report the death of a spouse, registered domestic partner, or dependent to your Health Benefits Officer (if active) or CalPERS (if retired) as soon as possible.

### **Death of an Employee or Retiree**

When a member dies, the surviving spouse, registered domestic partner, or a family member must notify CalPERS at **888 CalPERS** (or **888-225-7377**).

Upon the death of an employee while in State service, the law requires the State employer to continue to pay contributions for all enrolled dependents' health coverage for up to 120 days after the death. Surviving family members will be eligible for continued health benefit coverage provided they qualify for a monthly survivor check from CalPERS and were eligible dependents at the time of the employee's death and continue to qualify as eligible family members.

Children of registered domestic partners may continue eligibility if they were enrolled as family members at the time of a member's death. Surviving family members who do not meet the above qualifications may be eligible for Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage. (See page 12 for more information about COBRA.)

### **Medicare Eligibility**

If you, your spouse, or a dependent becomes Medicare eligible due to age or disability, notify CalPERS immediately so you can be enrolled in a CalPERS Medicare health plan. If the Social Security Administration determines that you are no longer eligible for Medicare because of changes to your disability status, or because you moved outside of the United States, notify CalPERS immediately so you can be enrolled in a non-Medicare health plan.

## Changes in Employment Status

As your employment status changes, so can your eligibility for CalPERS health benefits. Following are examples of some of those changes and information on how you can maintain your health coverage eligibility.

### Off-Pay Status/Temporary Leave

You may continue your coverage during off-pay status or while on temporary leave by paying the entire monthly health premium directly to your health plan.

You are eligible for direct payment if you:

- Take a leave of absence without pay
- Take temporary disability leave and do not use sick leave or vacation time
- Are waiting for approval of disability retirement or “regular” service retirement
- Are waiting for approval of Non-Industrial Disability Insurance benefits
- Are suspended from your job or institute legal proceedings appealing a dismissal from your job
- Are a State Permanent-Intermittent employee eligible for health benefits, but are on non-pay status (Direct pay may only be elected through the end of the qualifying control period)

To initiate direct payment, contact your Health Benefits Officer for a **Direct Payment Authorization** form. You must submit requests for such payments to your employer prior to the beginning of your leave, but no later than the last day of the month of coverage. If you do not elect the direct payment option during off-pay status, you must cancel your coverage. You can re-enroll when you return to pay status if your earnings are sufficient to cover your share of the monthly premium.

### Military Duty

When you take a leave of absence for military duty, you may continue coverage by paying the health premium directly to your health plan. When you direct pay, there are no administrative costs and your employer does not contribute to your health premium. Your CalPERS health coverage will resume the day you return to pay status. To initiate direct payment, contact your Health Benefits Officer for a **Direct Payment Authorization** form. You also have the option to cancel coverage, and may re-enroll upon returning from military duty.

**Note for Contracting Agency Employees:**  
*Check with your Health Benefits Officer to coordinate continuation of coverage when your employment status changes.*

### Leaving Your Job

If you leave your job for reasons other than retirement, you are covered until the first day of the second month following the last date you were employed. This is subject to your having sufficient earnings to cover your share of the health premium.

If you elect to cancel your coverage before you leave your job, your benefits will not continue, and you will not be eligible for COBRA Continuation Coverage.

## Losing Your Coverage

If you lose your CalPERS coverage, you have two options to continue your health benefits: COBRA Continuation Coverage or an Individual Conversion Policy.

### **COBRA Continuation Coverage**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage allows you to continue health coverage for yourself and/or your dependents if you involuntarily lose your health benefits. If you are eligible for COBRA, you will be automatically notified by your employer (or by CalPERS if retired). You must complete and return a **Group Continuation Coverage** form within 60 days of notification. If you are an active employee, return the form to your former employer, and if you are a retiree, return the form to CalPERS.

If you or your dependents are eligible for Medicare prior to involuntarily losing CalPERS benefits, you or your dependents are eligible for COBRA. Medicare would be your primary health insurer, and your Medicare-coordinated group health plan would be secondary.

Your premium cannot exceed 102 percent of the group monthly premium rate. Coverage must be continuous, and you must pay premiums from the date your CalPERS coverage ended. You should send your premium payments directly to the health plan, not to CalPERS.

Guidelines for COBRA Continuation Coverage are as follows:

#### **Active Employees**

You may continue COBRA coverage for 18 months if either of the following applies:

- You separate from employment for reasons other than dismissal due to gross misconduct
- You have a reduction in work hours to less than half-time (or less than 480 hours in a control period for State Permanent-Intermittent employees)

Coverage for either of the above reasons applies to you and any dependents currently enrolled under your eligibility.

#### **Disabled Employees**

If you qualify for Social Security Disability (SSD) or the Supplemental Security Income (SSI) program, you may continue coverage for up to 29 months. The cost to you cannot exceed 102 percent of the premium for the first 18 months, and 150 percent of the premium for months 19 to 29. This COBRA coverage applies to you and any dependents currently enrolled under your eligibility.

#### **Dependents**

Dependents may also enroll in COBRA for up to 36 months as a result of any of the following:

- Death of the member under which they were dependents. Eligibility applies whether the member was working or retired at the time of death (dependent must have been enrolled in the health plan at the time of member's death)
- Divorce/registered domestic partnership termination or legal separation
- Enrolled child marries or reaches age 23

#### **Cancellation of COBRA Coverage**

COBRA coverage for you or your dependents remains in effect until one of the following events occurs:

- Failure to pay the premium
- You receive coverage through another group health plan
- You become entitled to Medicare
- Coverage time limit ends
- You request cancellation

#### **Extension of COBRA Coverage**

Under certain conditions, California law permits an extension of COBRA benefits. This extension does not apply to out-of-state COBRA enrollees.

If you exhaust your federal COBRA benefit, and have had less than 36 months of COBRA coverage, Cal-COBRA may extend the benefit up to a total of 36 months. This Cal-COBRA extension premium cannot exceed 110 percent of the current group rate.

## Individual Conversion Policy

An Individual Conversion Policy is an alternative to COBRA or can follow COBRA coverage. If you lose your CalPERS health benefits or COBRA coverage, you can request an Individual Conversion Policy through your prior health plan. You must request this new policy within 30 days of losing coverage. All CalPERS health plans offer this Individual Conversion Policy option, but your cost and benefits will differ from your previous coverage.

## When Can You Make Changes to Your Health Plan?

You may change your health plan at the following times. In each instance, the effective date of the change will be the first of the month following receipt of your request, unless stated otherwise.

**If you move:** You must change plans if you move out of your health plan's service area. Until you make the change, your previous health plan may limit coverage to emergency or urgent care only. When you move or change employment, you may submit your health plan change up to 60 days after the move.

**When you retire:** You may change health plans within 60 days of your retirement date. You may select any health plan available in your residential ZIP Code area. If you are a working retiree, you can use the ZIP Code of a current employer for eligibility purposes. If you are a working retiree enrolled in a Medicare Advantage plan, you must use your residential ZIP Code for eligibility. You cannot use your work ZIP Code or a P.O. Box to enroll.

**When you qualify for Medicare:** As a retiree, when you first become eligible for Medicare, you must request a change from a CalPERS Basic health plan to a CalPERS Medicare health plan. You may also change health plans within 60 days from the effective date of your Medicare enrollment.

### **During the CalPERS Open Enrollment period:**

If you do not include eligible family members in your initial health plan enrollment or add them within the applicable 60-day eligibility period, you may enroll them during any future Open Enrollment period. Open Enrollment is held each fall, and changes become effective the following January 1. To make changes during Open Enrollment, active members should contact their Health Benefits Officer. Retirees should complete and return the **Health Benefits Plan Enrollment for Retirees** form located at the back of this booklet.

# Health Plan Options



## CalPERS Basic Health Plans

Depending on where you reside or work, you will have one or more of the following Basic Health Plan options:

### Health Maintenance Organization (HMO) Basic Health Plans

- Blue Shield Access+
- Blue Shield NetValue
- Kaiser Permanente<sup>1</sup>
- California Correctional Peace Officers Association (CCPOA) Medical Plan<sup>2</sup>

HMOs offer members a range of health benefits, including preventive care. The HMO will give you a list of doctors from which you select a primary care provider (PCP). Your PCP coordinates all your care, including referrals to specialists.

Except for emergency and urgent care, if you obtain care outside the HMO's provider network without a referral from the health plan, you will be responsible for the total cost of services.

### Preferred Provider Organization (PPO) Basic Health Plans

- PERS Select
- PERS Choice
- PERSCare
- California Association of Highway Patrolmen (CAHP) Health Plan<sup>2</sup>
- Peace Officers Research Association of California (PORAC) Health Plan<sup>2</sup>

A PPO is similar to a traditional "fee-for-service" health plan, but you must use doctors in the PPO provider network or pay higher co-insurance (percentage of charges). Unlike an HMO, where a primary care physician directs all your care, a PPO allows you to select a primary care provider and specialists without referral. In these health plans, you must usually meet an annual deductible before some benefits apply. You are responsible for a certain co-insurance amount, and the health plan pays the balance up to the allowable amount.

Except for emergency and urgent care, when you use a non-participating provider you are responsible for any charges above the amount allowed for preferred providers.

## Choosing a Health Plan

While CalPERS provides a variety of health plans, only you can decide which is best for you and your family. Although cost is a key factor in choosing a health plan, as with other major purchases, you will want to consider other factors, such as the available doctors and hospitals in your area, the location of care facilities, and how the plan works with other health plans like Medicare. When you choose a health plan, be sure to review the plan's covered and non-covered services and the restrictions on your choice of providers. The right health plan for you will be the one that best fits your specific situation.

If you need help selecting a health plan, visit [www.calpers.ca.gov](http://www.calpers.ca.gov) to access the following tools and resources:

- The *Health Plan Chooser* tool lets you compare and rank health plans and search for specific doctors.
- The **2010 Health Benefit Summary** provides a side-by-side comparison of health plans and benefits, covered services, and co-payment information.
- The **2010 Your Health Care, Your Choices** gives you tips and tools to help you choose a health plan and health care providers.

### Exclusive Provider Organization (EPO) Health Plan

- Blue Shield EPO

The Blue Shield EPO serves only Colusa, Mendocino, and Sierra counties. The health plan offers the same covered services as the Blue Shield Access+ HMO health plan, but members must seek services from Blue Shield's statewide PPO network of preferred providers. Members are not required to select a personal physician.

### Out-of-State Health Plan Choices

The following CalPERS health plans are available to Basic and Medicare-eligible members living outside of California:

- PERS Choice (PPO)
- PERSCare (PPO)
- Kaiser Permanente (HMO) is available in parts of Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, Washington, and Washington, D.C. Costs and some benefits may vary outside of California.<sup>1</sup> If you are Medicare eligible, you must enroll in the Kaiser Medicare Managed Care plan available in your state. If there is no Kaiser Medicare plan, you must select another available health plan. For information on eligible ZIP Codes, service areas, and benefits, call Kaiser Permanente in your state.
- Peace Officers Research Association of California (PORAC) Health Plan (PPO)<sup>2</sup>

---

<sup>1</sup> Kaiser requires binding arbitration. See page 38 for more information.

<sup>2</sup> You must belong to the specific employee association and pay applicable dues to enroll in an Association plan (i.e., CAHP, PORAC, CCPOA).

## CalPERS Medicare Health Plans

Depending on where you reside or work, your Medicare health plan options may include the following:

### HMO Supplement to Medicare Plans

- Blue Shield Access+
- Blue Shield NetValue
- California Correctional Peace Officers Association (CCPOA) Medical Health Plan<sup>2</sup>

With HMO Supplement to Medicare health plans, you must use the plan's contracted providers, except for emergency or out-of-area urgent care services. You pay no additional costs, other than applicable co-payments when you receive pre-authorized services from the HMO's contracted providers. The providers bill Medicare for each visit or service. The health plan reimburses providers for some services not covered by Medicare. Your PCP will coordinate all your necessary medical care and approve visits to specialists. You will have little or no paperwork to complete.

You may use your Medicare card to obtain services outside of your HMO network. However, when you use non-participating providers, you are responsible for any co-payments or deductibles not covered by Medicare (except for emergency or out-of-area urgent care services).

### HMO Medicare Managed Care Plans (Medicare Advantage Plans)

- Kaiser Permanente Senior Advantage<sup>1</sup>
- Blue Shield 65 Plus<sup>3</sup>

With an HMO Medicare Managed Care (Medicare Advantage) plan, you work closely with your PCP to get the care you need. You pay no additional costs, other than applicable co-payments, when you receive services from the HMO's network of providers. If you go to out-of-network doctors or hospitals, you will have to pay for all services (except for emergency or out-of-area urgent care services). A Medicare Managed Care plan has been approved by the Medicare program and receives a monthly premium directly from Medicare to provide your Medicare benefits.

Medicare Advantage plans are geographically restricted. To enroll in a Medicare Advantage plan, you must reside within the health plan's service area. When enrolled in a Medicare Advantage plan, you must also elect to have the health plan administer your Medicare benefits by completing the plan's *Medicare Advantage Election* form. To obtain this form, contact your health plan. After you assign your Medicare benefits to your Medicare Advantage plan, your CalPERS health benefits will be coordinated, including payment for authorized services.

### Important Reminder

Once you or your family members enroll in a CalPERS Medicare health plan, you may not change back to a CalPERS Basic health plan. This rule does not apply if the Social Security Administration cancels your Medicare benefits, you permanently move outside the United States, or you return to work and are eligible for employer group health plan coverage.

## PPO Supplement to Medicare Plans

- PERS Select
- PERS Choice
- PERSCare
- California Association of Highway Patrolmen (CAHP) Health Plan<sup>2</sup>
- Peace Officers Research Association of California (PORAC) Health Plan<sup>2</sup>

With PPO Supplement to Medicare plans, your provider bills Medicare for most services and your health plan pays for some services not covered by Medicare. If your providers participate in Medicare, your health plan will pay most bills for Medicare-approved services. If any of your providers does not accept Medicare payments, you will have to pay a larger portion of your health care bills. You can find out if you will have to pay more by asking your providers if they accept Medicare direct payment.

A Medicare direct payment means that the provider accepts the Medicare limits on fees for services and will not charge more than those limits. If the provider accepts Medicare rates, you will not be responsible for excess charges. If your provider does not accept Medicare rates, you must pay for any part of the bill that your health plan does not cover.

Some providers opt out of Medicare and will ask you to sign a contract stating that the provider has opted out of Medicare and that you agree to pay the charges. Neither Medicare nor CalPERS PPO Supplement to Medicare plans allow any payment for providers who have opted out of Medicare.

If your provider has been excluded from Medicare, that is, no longer receives payment for items or services from Medicare, no payment will be made under your CalPERS PPO Supplement to Medicare plan.

## EPO Supplement to Medicare Plan

- Blue Shield EPO

The Blue Shield EPO Supplement to Medicare health plan serves only Colusa, Mendocino, and Sierra counties. The plan offers the same covered services as the HMO plan, but members must seek services from Blue Shield's statewide PPO network of preferred providers. Members are not required to select a personal physician. The health plan's providers bill Medicare for each visit or service, and the health plan reimburses providers for approved services not covered by Medicare.

Just as with an HMO Supplement health plan, you may use your Medicare card to obtain services outside your EPO plan's network. However, when you use non-contracting providers, you are responsible for co-payments or deductibles not covered by Medicare.

For more information about how the CalPERS Health Program works with Medicare, please refer to the **2010 CalPERS Medicare Enrollment Guide**. You can obtain this publication on CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov). You can also request it through my|CalPERS at <http://my.calpers.ca.gov> or by calling CalPERS toll-free at **888 CalPERS** (or **888-225-7377**).

---

<sup>1</sup> Kaiser requires binding arbitration. See page 38 for more information.

<sup>2</sup> You must belong to the specific employee association and pay applicable dues to enroll in an Association plan (i.e., CAHP, PORAC, CCPOA).

<sup>3</sup> Blue Shield 65 Plus is limited to Los Angeles, Orange, San Luis Obispo, and Ventura counties, and parts of Riverside, San Bernardino, Kern, Fresno, and Madera counties.

## Health Plan Availability

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code. You cannot use a P.O. Box to establish eligibility, but may use it for mailing purposes. To enroll in a Medicare Advantage plan, you must use your residential address.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. You cannot use the address of the employer from which you retired to establish ZIP Code eligibility unless it is a non-CalPERS covered employer.

If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. When you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that service area.

To determine if the health plan you are considering provides service where you reside or work, contact the plan before you enroll. You may also use our online service, the *Health Plan Search by ZIP Code*, available at [www.calpers.ca.gov](http://www.calpers.ca.gov).

# Health Plan Information for Members Who Are Retiring or Retired



## How Retirement Affects Your Health Benefits

For those who are nearing retirement, this section provides general information about how retirement will affect your health benefits. You can find more details about how Medicare and CalPERS work together to provide you with health coverage in the **2010 CalPERS Medicare Enrollment Guide**. This publication is available on CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov). You can

also request to receive it by calling CalPERS at **888 CalPERS** (or **888-225-7377**) or order it through my|CalPERS at <http://my.calpers.ca.gov>.

If you are still an active employee, you should refer any questions about your health benefits to your Health Benefits Officer.

## Changing Your Health Plan if You Are Retired

Once you retire, CalPERS becomes your Health Benefits Officer. At that time, you can make most changes to your health enrollment by contacting CalPERS or by completing the **Health Benefits Plan Enrollment for Retirees** form at the back of this booklet.

Once you complete the form, you can return it to:

CalPERS  
Office of Employer & Member Health Services  
P.O. Box 942714  
Sacramento, CA 94229-2714

## Your Separation Date and Your Retirement Date

As retirement approaches, you should check your calendar to determine the best way to maintain your health coverage. Two dates are particularly important: your separation date (last day of work) and your retirement date. If you are not sure when these dates occur, talk to your Health Benefits Officer. If you anticipate a delay in processing your retirement, you can avoid having your coverage suspended between your last day of work and your retirement date by

paying the full monthly premium directly to your health plan. Contact the Health Benefits Officer where you worked and ask for a **Direct Payment Authorization** form. For more information on retiree eligibility, see page 3 of this booklet.

The chart below explains how your separation date and your retirement date affect your health plan enrollment:

If your separation and retirement date are...	and...	then your health coverage...	Note
within 30 days of each other	you are enrolled in a CalPERS health plan at the time of separation	will continue into retirement without a break.	If you do not want your health benefits to continue into retirement, you need to cancel your health coverage through your employer.
between 31 and 120 days of each other	you are enrolled in a CalPERS health plan at the time of separation	will <b>not</b> automatically continue. You may re-enroll within 60 days of your retirement date or during Open Enrollment.	When your health coverage lapses, you may be eligible for COBRA.
within 120 days of each other	you are eligible for – but not enrolled in – a CalPERS health plan at the time of separation	eligibility remains valid.	You may enroll within 60 days of your retirement date or during Open Enrollment.
more than 120 days apart	regardless of whether you are enrolled in a CalPERS health plan at the time of separation	cannot be reinstated. You are no longer eligible for CalPERS health benefits.	There are some exceptions to the rule. Contact CalPERS directly.

## State Vesting Requirements

For State employees, “vesting” refers to the amount of time you must be employed by the State to be eligible to receive employer contributions toward the cost of the monthly health premium during retirement. The longer you worked in a “covered” service, the more your employer contributes.

Bargaining unit negotiations may affect the State’s vesting requirements. State vesting requirements do not apply to California State University (CSU) retirees, employees of the Legislature, contracting agency retirees, or those on disability retirement.

The amount the State contributes toward your health coverage depends on whether you are vested. The contribution amount is determined by a formula set by law and the date you were first hired by the State.

- **First hired by the State prior to January 1, 1985:** You are eligible to receive 100 percent of the State’s contribution toward your health premium upon your retirement.
- **First hired by the State between January 1, 1985 and January 1, 1989:** You are subject to vesting requirements, as follows:
  - 10 years of credited State service: You are fully vested and qualify for 100 percent of the State’s contribution toward your health premium.

- Less than 10 years of credited State service: You are eligible for health coverage; however, the State’s contribution will be reduced by 10 percent for each year of service under 10 years. You will be responsible for the difference.

*Note: Employees of the Judicial Branch are subject to the 10 years’ vesting requirement regardless of hire date.*

- **First hired by the State after January 1, 1989:** The percentage of the State’s contribution is based on your completed years of State service as follows:

Years of State Agency Service	State Contribution
Fewer than 10	0%
10	50%
10-19	50%, plus 5% added for each year after the 10 <sup>th</sup> year
20 or more	100%

## Contracting Agency Vesting Requirements

Contacting agency employees may be subject to vesting requirements. Some contracting agencies elect to participate in vesting requirements for their employees upon retirement. Vesting schedules apply only to employees hired on or after the effective date of the contract or memorandum of understanding that incorporates vesting.

Contact your employer directly to determine if you are affected by vesting requirements and the amount your employer will contribute for your health benefits once you retire.

## Understanding the Basics of Medicare

Medicare is a federal health insurance program that covers individuals age 65 and older. In some cases, Medicare can also cover individuals under age 65 with certain disabilities and individuals with End-Stage Renal Disease (ESRD).

If you are an active employee enrolled in a CalPERS Basic health plan, you or your dependents cannot be enrolled in a CalPERS Medicare health plan unless you have Medicare due to ESRD. If you have ESRD and you are working, you must remain in the CalPERS Basic health plan during a 30-month period. After the 30-month Medicare benefit coordination period, you must enroll in Part B and change to a CalPERS Medicare health plan. Failure to do so may jeopardize your CalPERS health benefits.

The types of Medicare are:

- Part A – Hospital insurance
- Part B – Outpatient medical insurance
- Part C – Medicare Advantage health plans
- Part D – Prescription drug coverage

### Additional Information

For more information about each part of Medicare, refer to the Centers for Medicare and Medicaid Services' (CMS) handbook, *Medicare & You*, contact the Social Security Administration at (800) 772-1213 or TTY (800) 325-0778, or visit their Web site at [www.ssa.gov](http://www.ssa.gov). For information on Medicare enrollment dates and benefits, contact the CMS at (800) 633-4227 or visit their Web site at [www.medicare.gov](http://www.medicare.gov).

### Medicare Part A

Part A is hospital insurance that helps pay for inpatient hospital stays and skilled nursing facilities, hospice care, and some home health care. Individuals age 65 are entitled to premium-free Part A coverage if they worked for at least 10 years (40 quarters) in Social Security and/or Medicare-covered employment.

Generally, Part A coverage does not have a monthly premium. Those who do not qualify for premium-free Part A may qualify through a current, former, or deceased spouse or they may pay a premium to get Part A benefits.

### Medicare Part B

Part B helps pay for outpatient health care expenses, including doctor visits. Individuals elect this medical coverage and pay a monthly premium. The Social Security Administration adjusts the premium annually. In addition, the Social Security Administration bases your Part B premium on your annual income (referred to as Income Related Monthly Adjustment Amount [IRMAA]). This means individuals who earn higher incomes may pay higher Part B premiums. The Social Security Administration will notify you annually of your new Part B premium.

If you are a State retiree enrolled in a CalPERS Medicare health plan, you may be entitled to be reimbursed a portion of your Medicare Part B premium. Check your monthly retirement warrant to see if you are receiving reimbursement, or contact CalPERS directly for more information.

### Medicare Part C

Medicare Part C is a Medicare Advantage health plan that is approved by the Centers for Medicare and Medicaid Services. CalPERS currently offers two Medicare Advantage plans: Kaiser Permanente Senior Advantage<sup>1</sup> and Blue Shield 65 Plus. (See page 16 for details.)

---

<sup>1</sup> Kaiser requires binding arbitration. See page 38 for more information.

## Medicare Part D

Medicare Part D is the federal voluntary outpatient prescription drug benefit that was added to the Medicare program in 2006. CalPERS Medicare health plans provide prescription drug coverage that is as good as, or better than the standard benefits of Medicare Part D. As a result, you must not enroll in a non-CalPERS Medicare Part D health plan. If you enroll in a non-CalPERS Medicare Part D health plan you will lose your CalPERS health coverage.

If you are enrolled in a Medicare Advantage plan, you are automatically enrolled into Medicare Part D. You do not need to take any action to enroll.

## Checklist for Enrolling in a CalPERS Medicare Health Plan

- ✓ Apply for Medicare. Call or visit a Social Security Administration office or contact the SSA at (800) 772-1213 or TTY (800) 325-0778.
- ✓ If you are a retiree and qualify for Part A, you must enroll in Part B when first eligible.
- ✓ Complete and return to CalPERS the ***Certification of Medicare Status*** form and a copy of your Medicare card.

## Qualifying Information

- Do not cancel your Part B after you have signed up for a CalPERS Medicare health plan. If you cancel your Part B, you will no longer qualify for CalPERS health benefits.
- If the Social Security Administration cancels your Part B for non-payment, you will no longer qualify for CalPERS health coverage. You will not be allowed to enroll in a CalPERS Basic health plan.
- When you turn 65 and are retired, if you qualify, you must sign up for Medicare Parts A and B. Family members who qualify for Part A through your health insurance must also sign up for Medicare.

## When Do You Enroll in a CalPERS Medicare Health Plan?

As you approach age 65, you will receive the following notices informing you of the steps you need to take to continue your health coverage with CalPERS after age 65:

- **Initial notice** – Four months prior to your 65<sup>th</sup> birthday
- **Reminder notice** – One month prior to your 65<sup>th</sup> birthday
- **Notice of cancellation of your Basic health plan** – First day of the month after you turn 65

These notices describe the requirements to continue your health coverage after age 65 and include a **Certification of Medicare Status** form. CalPERS requires you to certify your Medicare enrollment status and provide proof of your Medicare enrollment in order to continue your CalPERS health coverage. You will need to complete this form and return it to CalPERS with the proper documentation certifying one of the following choices:

- Enrollment in Medicare Parts A and B
- Ineligible for Medicare
- Deferred enrollment in Medicare Part B (still working and insured through employment)

If you are a CalPERS retiree who qualifies for premium-free Part A — either on your own or through a current, former, or deceased spouse — you must enroll in Part B at age 65 (or earlier if you qualify due to a disability). You must then enroll in a CalPERS Medicare health plan. If you certify that you are ineligible for Medicare or defer enrollment, you will remain in the CalPERS Basic health plan.

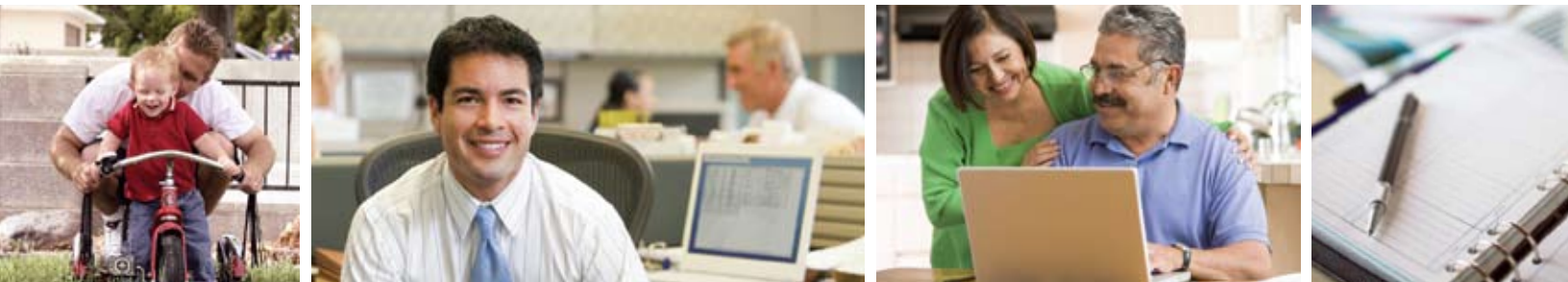
Failure to return the **Certification of Medicare Status** form and/or copies of your Medicare card to CalPERS, results in automatic cancellation of your health coverage for you and/or all enrolled dependents the first day of the month after you turn 65.

Enrollment by you or your family members in a CalPERS Medicare health plan will not affect other family members who are enrolled in a CalPERS Basic health plan. Unless they are Medicare-eligible, they will continue their enrollment in a CalPERS Basic health plan.

If you are retiring within 90 days of your own or your spouse's 65th birthday, contact the Social Security Administration at (800) 772-1213 or TTY (800) 325-0778 about signing up for Medicare. In addition to signing up for Medicare, you will have to change from a CalPERS Basic health plan to a CalPERS Medicare health plan.

For more information about how the CalPERS Health Program interacts with Medicare, please refer to the **2010 CalPERS Medicare Enrollment Guide**. This publication is available at CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov). You can also request to receive a copy through my|CalPERS at <http://my.calpers.ca.gov>, or by calling CalPERS at **888 CalPERS** (or **888-225-7377**).

# Enrollment Forms and Supporting Documentation



## Getting the Information You Need

The chart on the following pages can assist you in determining the form(s) and supporting documentation CalPERS needs to make various types of enrollment changes.

You can obtain the health benefit forms and publications you need through my|CalPERS at <http://my.calpers.ca.gov>. You can also call us toll-free at **888 CalPERS** (or **888-225-7377**).

The chart on pages 26-27 describes what documentation (copies only) you need to submit to make certain types of enrollment changes.

Active employees should submit all enrollment requests and copies of supporting documentation to their Health Benefits Officer.

Retirees may mail requests for changes along with any necessary documentation to:

CalPERS  
Office of Employer & Member Health Services  
P.O. Box 942714  
Sacramento, CA 94229-2714

**Note:** *The Declaration of Health Coverage form must be completed by all active employees within 60 days of your initial qualifying appointment. This form must also be completed each time you make a change to your health benefits enrollment. The form declares that you have been offered health insurance and either chose to enroll or declined benefits.*

## Required Documentation for Enrollment Changes

Enrollment type	Copies of Supporting Documentation	CalPERS Forms
New employee enrollment	N/A	<i>Health Benefits Plan Enrollment</i> form (active)  <i>Declaration of Health Coverage</i> (active only)
Adding a registered domestic partner	<i>Declaration of Domestic Partnership</i> from the California Secretary of State's Office  Medicare card (if applicable)	<i>Health Benefits Plan Enrollment</i> form (active)  <i>Declaration of Health Coverage</i> (active only)  <i>Health Benefits Plan Enrollment for Retirees</i> form
Adding a spouse	<i>Marriage Certificate</i>  Medicare card (if applicable)	<i>Health Benefits Plan Enrollment</i> form (active)  <i>Declaration of Health Coverage</i> (active only)  <i>Health Benefits Plan Enrollment for Retirees</i> form
Adding an economically dependent child	Employer and/or CalPERS reserves the right to request any supporting documentation	<i>Affidavit of Eligibility for Economically Dependent Children</i> form  <i>Health Benefits Plan Enrollment</i> form (active)  <i>Declaration of Health Coverage</i> (active only)  <i>Health Benefits Plan Enrollment for Retirees</i> form
Adding/deleting a dependent child	Medicare card (if applicable)  Reason for add/delete  <i>Birth Certificate</i>	<i>Health Benefits Plan Enrollment</i> form (active)  <i>Declaration of Health Coverage</i> (active only)  <i>Health Benefits Plan Enrollment for Retirees</i> form
Changing plans due to address change	Include both old and new addresses	<i>Health Benefits Plan Enrollment</i> form (active)  <i>Declaration of Health Coverage</i> (active only)  <i>Health Benefits Plan Enrollment for Retirees</i> form

Enrollment type	Copies of Supporting Documentation	CalPERS Forms
Medicare certification (to validate eligibility, ineligibility, or deferment)	Medicare A and B cards Letter of Entitlement	<b>Certification of Medicare Status</b> form
Death of employee, retiree, or family member	<i>Death Certificate</i>	N/A
Deleting a registered domestic partner due to termination of partnership	<i>Termination of Domestic Partnership</i> submitted to the California Secretary of State's Office	<b>Health Benefits Plan Enrollment</b> form (active) <b>Health Benefits Plan Enrollment for Retirees</b> form
Deleting a spouse due to divorce	<i>Divorce Decree</i>	<b>Health Benefits Plan Enrollment</b> form (active) <b>Health Benefits Plan Enrollment for Retirees</b> form
Disabled child over age 23 – certification	N/A	<b>Member Questionnaire for the CalPERS Disabled Dependent Benefit</b> form <b>Medical Report for the CalPERS Disabled Dependent Benefit</b> form
Enrolling self or dependents due to loss of other health coverage	Proof of loss of coverage Medicare Card (if applicable) <i>Birth Certificate</i>	<b>Health Benefits Plan Enrollment</b> form (active) <b>Declaration of Health Coverage</b> (active only) <b>Health Benefits Plan Enrollment for Retirees</b> form
Retiree – new enrollment	Medicare card (if applicable) <i>Marriage Certificate</i> (if applicable)	<b>Health Benefits Plan Enrollment for Retirees</b> form
Off-Pay Status – continue coverage Off-Pay Status – cancel coverage	N/A	<b>Direct Payment Authorization</b> form <b>Health Benefits Plan Enrollment</b> form (active)

# Resource Information



## Getting Assistance with Your Health Benefits

If you have questions about your CalPERS health benefits and you are an active member, contact your employer's Health Benefits Officer. If you are a retiree, contact CalPERS.

### Online

For more information on health benefits and programs, visit CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov). To view your current health plan information, go to <http://my.calpers.ca.gov>.

### By Phone

Call CalPERS toll-free at **888 CalPERS** (or **888-225-7377**).  
Monday through Friday,  
8:00 a.m. to 5:00 p.m.  
TTY (916) 795-3240  
(for speech and hearing impaired)

### By Mail or Fax

CalPERS  
Office of Employer & Member Health Services  
P.O. Box 942714  
Sacramento, CA 94229-2714  
Fax (916) 795-1277

### In Person

You can visit a Regional Office at the following locations:

#### Fresno Regional Office

10 River Park Place East, Suite 230  
Fresno, CA 93720

#### Glendale Regional Office

655 North Central Avenue, Suite 1400  
Glendale, CA 91203

#### Orange Regional Office

500 North State College Boulevard, Suite 750  
Orange, CA 92868

#### Sacramento Regional Office

400 Q Street, Room 1820  
Sacramento, CA 95811

#### San Bernardino Regional Office

650 East Hospitality Lane, Suite 330  
San Bernardino, CA 92408

#### San Diego Regional Office

7676 Hazard Center Drive, Suite 350  
San Diego, CA 92108

#### San Jose Regional Office

181 Metro Drive, Suite 520  
San Jose, CA 95110

#### Walnut Creek Regional Office

1340 Treat Boulevard, Suite 200  
Walnut Creek, CA 94597

## Health Plan Directory

Following is contact information for the health plans. Contact your health plan with questions about: ID cards; verification of provider participation; service area boundaries (covered ZIP Codes); benefits, deductibles, limitations, and exclusions; *Evidence of Coverage* booklets; or Individual Conversion Policies.

### **Blue Shield of California**

P.O. Box 272520  
Chico, CA 95927-2520  
Member Services: (800) 334-5847  
[www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)

### **California Association of Highway Patrolmen**

**(CAHP) Health Benefits Trust**  
**(Administered by Anthem Blue Cross)**  
2030 V Street  
Sacramento, CA 95818-1730

For eligibility issues contact:

(800) 734-2247 (CAHP)  
(916) 452-6751 (CAHP)  
[www.theca hp.org](http://www.theca hp.org)

For benefits or claim information, contact:

Anthem Blue Cross  
Attn: CAHP Unit  
P.O. Box 60007  
Los Angeles, CA 90060-0007  
(800) 759-5758 (Anthem Blue Cross)  
[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

### **California Correctional Peace Officers**

**Association (CCPOA) Benefit Trust**  
**(Administered by Blue Shield of California)**  
2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-4235

CCPOA Benefit Trust:

(800) 468-6486  
(800) 257-6213 (COBRA)  
[www.ccpoabtf.org](http://www.ccpoabtf.org)  
Blue Shield – CCPOA Member Services Unit:  
(800) 257-6213

### **Kaiser Permanente**

*Northern California Region\**  
1950 Franklin Street  
Oakland, CA 94612  
Member Services Call Center:  
(800) 464-4000

*Southern California Region\**

393 E. Walnut Street  
Pasadena, CA 91188  
Member Services Call Center:  
(800) 464-4000

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

\* Contact Kaiser Permanente's Member Services Call Center to confirm your region.

### **PERS Select, PERS Choice, and PERSCare**

**(Administered by Anthem Blue Cross)**  
P.O. Box 60007  
Los Angeles, CA 90060-0007  
(877) PERS PPO or (877) 737-7776  
(818) 234-5141 (outside of the continental U.S.)  
TDD (818) 234-3547  
(for direct premium payments)  
P.O. Box 629  
Woodland Hills, CA 91365-0629  
[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

### **Peace Officers Research Association of California** **(PORAC) Health Plan**

**(Administered by Anthem Blue Cross)**

For eligibility issues, contact:

4010 Truxel Road  
Sacramento, CA 95834  
(800) 937-6722 (PORAC)  
[www.porac.org](http://www.porac.org)

For benefits or claim information, contact:

Anthem Blue Cross  
Attn: PORAC Unit  
P.O. Box 60007  
Los Angeles, CA 90060-0007  
(800) 288-6928  
[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

## Resolving Problems with Your Health Plan

Your health plan and CalPERS work together to ensure timely delivery of services for you and your family, however, disagreements may occur. To resolve an issue, you should first contact your health plan. If they are unable to help you, contact CalPERS for assistance. Following is information about specific ways your health plan and CalPERS can help.

### Cancellation of Your Coverage and CalPERS Administrative Review Process

If CalPERS cancels your CalPERS health coverage, you can request an Administrative Review. The Administrative Review process helps us decide if your coverage should be reinstated. You must ask for an Administrative Review within 90 days of losing coverage by writing to:

CalPERS  
Office of Employer & Member Health Services  
P.O. Box 942714  
Sacramento, CA 94229-2714

Once we have all your information, we will review your request. We will tell you within 60 days if your coverage will be reinstated. If your coverage is not reinstated, we will tell you why.

### Filing a Grievance

If you feel your health plan has not helped you appropriately, you have a legal right to file a written grievance with them to resolve an issue, complaint, or disagreement. Refer to your health plan's *Evidence of Coverage* booklet for more information about your plan's grievance process. Contact your health plan for a copy of your plan's *Evidence of Coverage* booklet.

### Appealing a Decision

If you receive a written response about a grievance you have filed and are not satisfied with the decision, you may also appeal your plan's decision to the health plan.

### *Members in a Health Maintenance Organization (HMO) and Exclusive Provider Organization (EPO) Plan*

The California Department of Managed Health Care (DMHC) regulates all HMOs in California. If you are an HMO or EPO health plan enrollee, and you have filed a grievance and are dissatisfied with your HMO or EPO's final decision, you should contact the DMHC HMO Customer Help Center at (888) 466-2219 or TDD (877) 688-9891 to register your complaint. You also should request assistance through DMHC's Web site at [www.dmhc.ca.gov](http://www.dmhc.ca.gov). You may contact DMHC if the matter is not resolved within 30 days from the time your grievance was received by your health plan. Contact them immediately if the matter is urgent.

If you have filed a grievance and are dissatisfied with your HMO or EPO's final decision regarding your eligibility for health benefits or limits of coverage under the plan, you may contact CalPERS for assistance.

### *Members in a Preferred Provider Organization (PPO) Plan*

Neither DMHC nor the Department of Insurance will regulate PPO health plans. If you are a PPO health plan enrollee, and you have filed a grievance and are dissatisfied with your PPO's final decision, you may contact CalPERS at **888 CalPERS** (or **888-225-7377**) for assistance.

### *Binding Arbitration*

Binding arbitration is a method used by some health plans to resolve conflicts. It requires you to agree in advance that any claims or disagreements will be settled through a neutral, legally binding resolution, replacing court or jury trials. In some instances, you can choose to appeal to CalPERS rather than go through binding arbitration. If your plan requires binding arbitration, the process will be described in your plan's *Evidence of Coverage* booklet. Currently, only Kaiser Permanente requires binding arbitration (see page 38).

## The California Patient's Guide

**The California Patient's Guide: Your Health Care Rights and Remedies** informs you of your rights to receive quality health care and what steps you can take if you encounter problems. The full text of the guide is available at [www.calpatientguide.org](http://www.calpatientguide.org) or you can request a copy by calling the DMHC HMO Consumer Help Center at (888) HMO-2219 or (888) 466-2219.

## Patient Bill of Rights

As a member of the CalPERS Health Program, you have important rights. These rights protect your privacy, your access to quality health care, and your right to participate fully in medical decisions affecting you and your family.

### How and Where to Get Help

If you have a concern about your rights and health care services, we urge you to first discuss it with your physician, hospital, or other provider, as appropriate. Many complaints can be resolved at this level because your health plan wants satisfied customers. If you still have concerns, you may have the right to appeal the health plan's decision directly to CalPERS or, in many health plans, through the grievance procedure. Consult your *Evidence of Coverage* booklet for information on the benefits covered or your appeal rights. You can contact CalPERS at **888 CalPERS** (or **888-225-7377**) for further information.

## As a patient and a CalPERS member, you have the right to:

- Be treated with courtesy and respect
- Receive health care without discrimination
- Have confidential communication about your health
- Have your medical record or information about your health disclosed only with your written permission
- Access and copy your medical record
- Have no restrictions placed on your doctor's ability to inform you about your health status and all treatment options
- Be given sufficient information to make an informed decision about any medical treatment or procedure, including its risks and benefits
- Refuse any treatment
- Designate a surrogate to make your health care decisions if you are incapacitated
- Access quality medical care, including specialist and urgent care services, when medically necessary and covered by your health plan
- Access emergency services when you, as a "prudent layperson," could expect the absence of immediate medical attention would result in serious jeopardy to you
- Participate in an independent, external medical review when covered health care services are denied, delayed, or limited on the basis that the service was not medically necessary or appropriate, after the health plan's internal grievance process has been exhausted
- Discuss the costs of your care in advance with your provider
- Get a detailed, written explanation if payment or services are denied or reduced
- Have your complaints resolved in a fair and timely manner and have them expedited when a medical condition requires treatment

## You can help protect your rights by doing the following:

- Express your health care needs clearly
- Build mutual trust and cooperation with your providers
- Give relevant information to your health care provider about your health history, condition, and all medications you use
- Contact your providers promptly when health problems occur
- Ask questions if you don't understand a medical condition or treatment
- Be on time for appointments
- Notify providers in advance if you can't keep your health care appointment
- Adopt a healthy lifestyle and use preventive medicine, including appropriate screenings and immunizations
- Familiarize yourself with your health benefits and any exclusions, deductibles, co-payments, and treatment costs
- Understand that cost controls, when reasonable, help keep good health care affordable

# CalPERS Notice of Privacy Practices

*Effective Date: April 14, 2003*

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## Why We Ask for Information About You

The Information Practices Act of 1977 and the Federal Privacy Act require CalPERS to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Section 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in CalPERS being unable to perform its functions regarding your status. Portions of this information may be transferred to other governmental agencies (such as your employer), physicians, and insurance carriers but only in strict accordance with current statutes regarding confidentiality. You have the right to review your CalPERS membership file. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **888 CalPERS** (or **888-225-7377**).

We understand that medical information about you and your health is personal, and CalPERS is committed to protecting all medical information about you that is in our possession.

## How We Use Your Social Security Number

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency which requests an individual to disclose a Social Security number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The CalPERS Office of Employer & Member Health Services requests Social Security numbers on a voluntary basis. However, it should be noted that due to the use of Social Security numbers by other agencies for identification purposes, CalPERS may be unable to verify eligibility for benefits without the Social Security number.

The CalPERS Office of Employer & Member Health Services uses Social Security numbers for the following purposes only:

- Enrollee identification for eligibility processing and verification
- Payroll deduction and State contribution for State employees
- Billing of public agencies for employee and employer contributions
- Reports to CalPERS and other State agencies
- Coordination of benefits among health plans
- Resolution of member appeals/complaints/grievances with health plans

## How We Use and Protect Medical Information About You

We understand that medical information about you and your health is personal and CalPERS is committed to protecting medical information about you which is in our possession. This notice applies to all of the records of your health plan participation generated by CalPERS. The participating health plan in which you are enrolled may have different policies or notices regarding its use and disclosure of your medical information.

If you have any questions about this notice, please contact the Health Insurance Portability and Accountability Act (HIPAA) Administrator at **888 CalPERS** (or **888-225-7377**).

The remainder of this notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The Federal Health Insurance Portability and Accountability Act Privacy Regulations (Title 45, Code of Federal Regulations, Sections 164.500, et seq.) require us to:

- Keep your medical information private
- Provide this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice currently in effect

### How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. We do not list every use or disclosure in a category here. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Health Care Operations.** We may use and disclose medical information about you for CalPERS health benefits operations. These uses and disclosures are necessary to run the CalPERS Health Program and make sure that all of our enrollees receive quality care. For example, we may use and disclose medical information about you to evaluate the performance of the health plan in which you are enrolled, for coordination of benefits among health plans or to resolve an appeal, complaint, or grievance with the health plan. We may also combine medical information about many CalPERS health benefits enrollees to evaluate health plan performance, to assist in rate setting, to measure quality of care, or for other health care operations. In some cases, we may obtain medical information about you from a participating health plan, provider, or third-party administrator for certain of our health care operations. If the medical information we receive from others is part of our health care operations, the uses and disclosures would be in accordance with this guideline.

- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services, such as treatment alternatives, disease management, or wellness programs that may be of interest to you.
- **Named Insured.** “Named Insured” refers to the person’s name under whom you are insured, also known as the subscriber. If you are enrolled in the CalPERS Health Program as a dependent, we may release enrollment information about you only to the named insured. However, protected health information can only be released to the individual to whom the health information pertains, or to the named insured in the case of a minor dependent, or to the custodian of an individual who is unable to represent themselves.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state, or local law or regulation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### Special Situations

- **Workers’ Compensation.** We may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if you have been given proper notice and an opportunity to object.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal or state officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy protected medical information about you that is maintained by the CalPERS Office of Employer & Member Health Services. In most cases, this consists solely of information concerning your health plan enrollment. In some cases, it may also include information that you have provided to CalPERS to assist with coordination of benefits among health plans or to resolve an appeal, complaint, or grievance against the health plan in which you are enrolled.

To inspect and copy protected medical information about you, you must submit your request in writing to the HIPAA Administrator at P.O. Box 942714, Sacramento, CA 94229-2714. If you request a copy of the information, we may charge you a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional chosen by CalPERS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that protected medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the CalPERS Office of Employer & Member Health Services.

To request an amendment, your request and any supporting information must be made in writing and submitted to the HIPAA Administrator at P.O. Box 942714, Sacramento, CA 94229-2714. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for CalPERS
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the HIPAA Administrator at P.O. Box 942714, Sacramento, CA 94229-2714. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the HIPAA Administrator at P.O. Box 942714, Sacramento, CA 94229-2714. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail at a specific address.

To request confidential communications, you must make your request in writing to the HIPAA Administrator at P.O. Box 942714, Sacramento, CA 94229-2714. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** If you have accessed this notice via the Internet, you have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact the HIPAA Administrator at **888 CalPERS** (or **888-225-7377**).

### Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov). The notice will contain the effective date on the first page in the top left corner.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with CalPERS or with the Secretary of the Department of Health & Human Services. To file a complaint with CalPERS, contact the HIPAA Administrator at **888 CalPERS** (or **888-225-7377**). All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

## Other Uses of Medical Information

CalPERS will make other uses and disclosures of medical information not covered by this notice or the laws that apply only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose your medical information about you for the reasons covered by your written authorization. CalPERS is unable to take back any disclosures we have already made with your permission, and that the law requires retaining our records of your participation in the CalPERS Health Program.

## CalPERS Notice of Agreement for Arbitration

Enrolling in the Kaiser Permanente health benefits plan constitutes your agreement that any dispute(s) you have with the plan including medical malpractice, that is, whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, as well as any dispute(s) relating to the delivery of service under the plan will be determined

by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. By enrolling in one of these plans, you are giving up your constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

# Definition of Terms



## **Annuitant**

A person who has retired within 120 days of separation from employment with the State or a contracting agency and who receives a retirement allowance from the retirement system provided by the employer, or a surviving family member who receives the retirement allowance in place of the deceased.

## **CalPERS Basic Health Plan**

A Basic health plan provides health benefits coverage to members who are under age 65 or who are over age 65 and still working. Members who are 65 years of age or older and not eligible for Medicare Part A may also be eligible to enroll in a Basic health plan.

## **CalPERS Medicare Health Plan**

A CalPERS Medicare health plan requires Medicare to assume the role as primary payer for health care costs. This coordination of benefits between Medicare and your CalPERS Medicare health plan lowers the costs of your health premiums and provides some coverage beyond Medicare.

## **Co-insurance**

The amount you may be required to pay for service after you pay the deductible.

## **Co-payment**

The amount you pay for a doctor visit or for receiving a covered services or prescription.

## **Deductible**

The amount you must pay for health care before the health plan starts to pay.

## **Dependent**

A family member who meets the specific eligibility criteria for coverage in the CalPERS Health Program.

## **Disenrolling**

The steps you follow to end coverage with your current HMO Medicare Managed Care health plan so that you may join a new health plan.

## **Employer Contribution**

The amount your current or former employer contributes towards the cost of your health premium.

## **Emergency Services**

Medical services to treat an injury or illness that could result in serious harm if you don't get care right away.

## **Faculty Early Retirement Program**

A program for California State University (CSU) retirees who continue to work for CSU after retirement.

## **General Enrollment Period (GEP)**

A specific period of time when you can sign up for a Medicare plan or change your Medicare plan. Medicare's GEP runs from January 1 to March 31 each year. Visit the Medicare Web site at [www.medicare.gov](http://www.medicare.gov) for more information.

### **Health Insurance Portability & Accountability Act (HIPAA)**

This federal law protects health insurance coverage for workers and their families when they change or lose their jobs. It also includes provisions for national standards to protect the privacy of personal health information.

### **HMO Medicare Managed Care (Medicare Advantage) Plan**

This health plan contracts directly with Medicare to provide Medicare coverage. You “assign” your Medicare benefits to the plan, and the plan is the primary payer. As with the HMO Supplement to Medicare Plan, this health plan covers some costs and services that are not covered by Medicare but provided through your CalPERS coverage. You must access services only from the HMO’s provider network (except emergency and urgent care), and all your care is coordinated by your Primary Care Provider. You pay no deductible, and your only costs are co-payments for some services.

### **HMO Supplement to Medicare Plan**

This health plan supplements Medicare coverage provided through Part A (hospital) and Part B (outpatient). You must access services only from providers in the HMO network (except emergency and urgent care), and all your care is coordinated by your Primary Care Provider. You pay no deductible, and your only costs are co-payments for some services. Medicare is the primary payer, and the health plan covers some costs and services that are not covered by Medicare but provided through your CalPERS coverage.

### **Initial Enrollment Period (IEP)**

The IEP is the first chance you have to enroll in Medicare Part B. The IEP starts three months before the month you turn 65, continues through your birth month, and runs for three months after your birth month for a total of seven months.

### **Medicare Assignment**

A process which requires you to complete a form assigning your Medicare benefits to your HMO Medicare Managed Care plan (Medicare Advantage). Your Medicare assignment ensures proper coordination of Medicare and CalPERS health plan benefits, including coordination of payment. Medicare assignment is required for enrolling in a Medicare Advantage plan.

### **Non-Preferred Provider**

This is a provider who does not contract with your health plan. Usually, you will pay more to visit a non-preferred provider.

### **Out-of-Pocket Costs**

Generally refers to the actual costs individuals pay to receive health care. These costs are the total of the premium (minus any employer contribution) plus any additional costs such as co-payments and deductibles.

### **Open Enrollment Period**

A specific period of time, as determined by the CalPERS Board of Administration, when you can enroll in or change health plans or add eligible family members who are not currently enrolled in the CalPERS Health Program.

### **Preferred Provider**

This is a provider who contracts with your health plan and agrees to charge certain rates for care. Usually, you will pay less when you see a preferred provider.

### **Premium**

The monthly amount a health plan charges to provide health benefits coverage.

### **Primary Care Provider (PCP)**

The doctor who works with you and other doctors to provide, prescribe, approve, and coordinate all your medical care and treatment. (Blue Shield uses the term “Personal Physician.”)

**Retiree**

A person who has retired within 120 days of separation from employment with the State or a contracting agency and who receives a retirement allowance from the retirement system provided by the employer.

**Service Area**

The geographic area in which your health plan provides coverage. You must reside or work in the health plan's service area to enroll in and remain enrolled in a plan. For some plans, the Medicare service area may not be identical to the Basic service area.

**Specialist**

A doctor who has special training in a specific kind of medical care, for example, cardiology (heart), neurology (brain), or oncology (cancer).

**Urgently Needed Services**

A non-emergency situation when you need to see a doctor, but are away from your health plan's service area. See your health plan's *Evidence of Coverage* booklet for more details.





# Health Benefits Plan Enrollment for Retirees

888 CalPERS (or 888-225-7377) • TTY for speech and hearing impaired: (916) 795-3240 • Fax (916) 795-1277

For Retirees only. (Active employees — contact your Personnel Office).

To save time, complete this form before you request changes over the phone.

## Section 1

### Type of Change

Check the type of change you are making.

- Change My Health Plan
- Enroll in a Health Plan (Complete all sections.)
- Add Eligible Dependents to My Health Plan

(Complete Retiree Information, Dependent Information, and Retiree Signature.)

During Open Enrollment, you can make health plan changes by calling 888 CalPERS (or 888-225-7377), by faxing this form to us at (916) 795-1277, or by visiting myCalPERS at <http://my.calpers.ca.gov>.

## Section 2

### Retiree Information

Be sure to include the name of the agency from which you retired.

If you are enrolled in Medicare, please send a copy of your Medicare card.

Name (First Name, Middle Initial, Last Name)			Social Security Number
Birthdate (mm/dd/yyyy)	Gender	Daytime Phone	Evening Phone
Address		County (residence)	
City	State	ZIP	
Retirement Date (mm/dd/yyyy)		Name of Former Employer	

## Section 3

### Health Plan

Before requesting a plan change, verify that the doctor you want is contracted with the health plan and is accepting new patients. If not, you will need to find another doctor who contracts with the new plan.

Name of New Health Plan	Name of Doctor/Medical Group (include ID#s, if known)
-------------------------	---

## Section 4

### Dependent Information

All dependents currently enrolled on your health plan will remain on your plan.

List only the dependents you are adding. If you have more than 3 dependents, please include on a separate page.

Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Gender	Doctor or Medical Group
Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Gender	Doctor or Medical Group
Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Gender	Doctor or Medical Group

Put your name and Social Security number at the top of every page.

\_\_\_\_\_  
Your Name

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

## Section 5

### Retiree Signature

Please be sure to sign this form.

By signing this form, I elect to change to the plan indicated above and/or add eligible family members. I also certify that the health information listed above is true and complete and authorize deductions, if applicable, to be made from my retirement allowance to cover my share of the health plan premium.

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Date

## Section 6

### Additional Information

You can submit your health plan changes by mail, by phone, or by fax.

After making changes to your health plan, be sure to examine your retirement check to verify that the proper deduction was made. If the deduction is incorrect, call CalPERS to report the discrepancy.

#### **Health Benefits Plan Enrollment for Retirees**

Use this form to enroll in a health plan, change your plan, or add an eligible dependent(s) to your plan. All changes are subject to verification of eligibility. You are eligible to enroll in a CalPERS health plan if you meet all of the following requirements:

- Are eligible for enrollment on the date of separation
- Retired within 120 days from the day you separated from your job
- Are receiving a retirement check

Contact CalPERS with any eligibility questions.

#### **Notes**

- Any health plan changes made during Open Enrollment become effective the following January 1.
- You can use this form to make changes to your health plan outside of Open Enrollment due to a qualifying life event, such as adding a new spouse, registered domestic partner, or economically dependent child.
  - Adding a spouse requires a copy of your marriage license.
  - Adding a registered domestic partner requires a copy of the approved *Declaration of Domestic Partnership*.
  - Adding an economically dependent child requires an **Affidavit of Eligibility** form (HBD-35).
- Be sure to report changes to CalPERS in a timely manner to avoid retroactive reimbursement liability.
- If you are enrolled in a Medicare Managed Care plan (Medicare Advantage) and are switching to a Supplement to Medicare plan, you must contact your current health plan or the nearest Social Security Administration office to disenroll your Medicare benefits from your current Medicare Managed Care plan. If you do not disenroll, Medicare will not pay for services you receive under your new health plan.
- If any one of your dependents is enrolled in Medicare, please send a copy of the Medicare card.

Mail to:

Office of Employer & Member Health Services • P.O. Box 942714, Sacramento, CA 94229-2714





**CalPERS Health Benefits Program**

P.O. Box 942714

Sacramento, CA 94229-2714

**888 CalPERS** (or **888-225-7377**)

[www.calpers.ca.gov](http://www.calpers.ca.gov)

HBD-120

Produced by CalPERS Office of Public Affairs

August 2009.08.1