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Welcome to the CalPERS Health Benefits Program

While CalPERS provides a variety of health plans, only you can decide which is best for you and your family. Please be sure to read all the information in this booklet.

Who To Contact

If you require assistance or need to make changes in your enrollment, there are people ready to help. Follow the instructions for Active Employees and Retired Members as appropriate.

Active Employees

Your employer's Health Benefits Officer or Personnel Office must complete the *Health Benefit Enrollment* through the CalPERS ACES system or file a form (HBD-12) when you enroll or make any changes to your enrollment. If your employer uses the ACES system, your enrollment will be received by your health plan the next day.

Retired Members

CalPERS is your Health Benefits Officer. Most changes to your enrollment can be done by calling the CalPERS Customer Contact Center at (888) CalPERS (225-7377).

If you prefer to write, include your (the member's) Social Security number, name, and daytime phone number, including area code.

Be sure to include the following:

- If you are changing your address, include your former address and new address.
- When adding or deleting a dependent, include the dependent's name, Social Security number, birth date, relationship to you, and the reason for adding or deleting the dependent.
- Adding a spouse due to marriage requires a copy of the *Marriage Certificate*.
- Adding a domestic partner requires an approved *Declaration of Domestic Partnership* form from the Office of the Secretary of State and a *Financial Statement of Liability* form, available from CalPERS.
- Deleting a spouse due to divorce requires a copy of the *Divorce Decree*.
- Deleting a Domestic Partner requires a copy of the *Termination of Domestic Partnership* form.
- Adding an economically dependent child requires a completed *Affidavit of Eligibility* form, available from CalPERS.

Mail your request for changes to:

CalPERS Health Benefit Services Division

P.O. Box 942714

Sacramento, CA 94229-2714

Health Plan Choices for 2004

Depending on where you live or work, your health plan options include three types of health plans:

- Preferred Provider Organizations (PPOs)
- Health Maintenance Organizations (HMOs)
- Exclusive Provider Organization (EPO)

Preferred Provider Organization Plans (PPOs)

- PERSCare
- PERS Choice
- California Association of Highway Patrolmen (CAHP) Health Plan★
- Peace Officers Research Association of California (PORAC) Police and Fire Health Plan★

A PPO is similar to a traditional “fee-for-service” plan, but you must use doctors in the PPO provider network or pay higher co-insurance. 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. Generally, there are annual deductibles to meet before some benefits apply. You are responsible for a certain percentage of the charges (co-insurance), and the plan pays the balance up to the agreed upon amount.

Health Maintenance Organization Plans (HMO)

- Blue Shield Access+ HMO
- Kaiser Permanente
- Western Health Advantage
- California Correctional Peace Officers Association (CCPOA) Health Plan★

HMOs offer members a range of health benefits, including preventive care, for a monthly premium and have set copayments for the care you receive. The HMO will give you a list of doctors for your use in choosing a primary care physician (PCP). The PCP coordinates all your care, including referrals to specialists. If you go outside the HMO's provider network without a referral from the plan, you will be responsible for the total cost of services, except for emergency or urgent care services.

All HMOs contracted with CalPERS are required to maintain accreditation by the National Committee for Quality Assurance.

Exclusive Provider Organization Plan (EPO)

- Blue Shield EPO

The Blue Shield Exclusive Provider Organization Plan (EPO) offers the same covered services as the Blue Shield Access+ HMO Plan, but members must seek services from Blue Shield's statewide PPO network of providers. Members are not required to select a Personal Physician. The Blue Shield EPO Plan only serves Colusa, Lake, Mendocino, Plumas, Sierra and parts of El Dorado counties.

★ You must belong to the specific employee association and pay applicable dues to enroll in this plan.

Medicare Plan Choices for 2004

The 2004 Supplement to Original Medicare and Medicare Managed Care plans are shown on this page and page 4. The *Understanding Medicare* booklet provides more detailed information. You can obtain a copy of this booklet by visiting the CalPERS Web site at www.calpers.ca.gov or calling (888) CalPERS (225-7377). Be sure to read it thoroughly. It will help you determine if you should be enrolled in Medicare, how to use your CalPERS plan in conjunction with that program, and what type of plan is right for you.

The CalPERS premiums shown on pages 6 and 7 pay for services not covered by Medicare, such as prescription drugs.

PPO Supplement To Original Medicare Plans

- PERSCare
- PERS Choice
- California Association of Highway Patrolmen (CAHP) Health Plan★
- Peace Officers Research Association of California (PORAC) Police and Fire Health Plan★

With PPO Supplement to Original Medicare plans, a fee is paid to your provider each time a health care service is provided. Your provider bills Medicare for most services, and your health plan pays for services not covered by Medicare, such as prescription drugs. There is a possibility that you may have to pay a portion of the provider's bill because Medicare and the PPO Supplement to Original Medicare plan might not cover all costs.

HMO Supplement to Original Medicare Plans

- Blue Shield Access+ HMO
- Western Health Advantage
- California Correctional Peace Officers Association (CCPOA) Health Plan★

With HMO Supplement to Original Medicare plans, you must use the plan's contracted providers, except for emergency or urgent care services. There are no additional costs to you, other than applicable copayments when services are provided by the HMO's contracted providers. The plan's providers bill Medicare for each visit or service. The plan reimburses providers for services not covered by Medicare.

EPO Supplement to Original Medicare Plan

- Blue Shield EPO

The Blue Shield EPO plan offers the same medical benefits as the HMO plan, but members must seek services from Blue Shield's statewide PPO network of providers. Members are not required to select a Personal Physician. The Blue Shield EPO Plan only serves Colusa, Lake, Mendocino, Plumas, Sierra and parts of El Dorado counties. The plan's providers bill Medicare for each visit or service. The plan reimburses providers for services not covered by Medicare.

HMO Medicare Managed Care Plan (Medicare + Choice)

- Kaiser Permanente Senior Advantage

With an HMO Medicare Managed Care plan (Medicare + Choice), you must use the plan's contracted providers, except for emergencies or urgent care services. There are no additional costs to you, other than applicable copayments when services are provided by the HMO's contracted providers.

★ You must belong to the specific employee association and pay applicable dues to enroll in this plan.

A Medicare Managed Care plan has been approved by the Medicare program and receives a monthly premium directly from Medicare for your care.

NOTE

Enrollment by you or your family members in a CalPERS Supplement to Original Medicare or Medicare Managed Care plan (Medicare + Choice) will not affect other family members who are covered by the Basic plan.

Out-Of-State Plan Choices for 2004

Some CalPERS health plans are available to Basic and Medicare-eligible members living outside California.

- PERSCare (PPO)
- PERS Choice (PPO)
- Kaiser Permanente (HMO) is available in parts of Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, Washington, and Washington DC. Costs and some benefits may vary outside of California. For information on eligible ZIP codes, service areas, and benefits, call (800) 464-4000.
- California Association of Highway Patrolmen (CAHP) Health Plan★ (PPO) out-of-state benefits are more limited than those offered in California.
- Peace Officers Research Association of California (PORAC) Police and Fire Health Plan★ (PPO)

How to Choose a Health Plan

What's the best way to choose a plan? While some people choose the lowest cost plan available to them, there is more to choosing a health plan than just cost. Just like making any other major purchase, such as a new car or home, you need to look at a variety of factors to choose the plan that is right for you and your family. The **Quality Report** is designed to provide you with information you need to make your health

plan decision. You can obtain a copy of this booklet by visiting the CalPERS Web site at www.calpers.ca.gov or calling (888) CalPERS (225-7377).

As you go through this booklet, you can use the Health Plan Choice Worksheet on page 13 to help you compare factors you should consider when choosing a health plan — cost, benefits, quality, performance, satisfaction, and administration. Remember, the plan you choose will be your plan for the entire calendar year.

Selecting a Health Plan in Your Home or Work ZIP Code

Availability of a health plan is based on the ZIP code of your home or work address. Active employees and working retirees may enroll in a health plan using their home or work ZIP. If the home ZIP code is used, all enrolled dependents must live in the health plan's service area. If the work ZIP code is used for health plan enrollment, all enrolled dependents must receive all covered services except for emergency and urgent care – within the health plan's service area, even if they do not live in the service area.

Working Retirees

Working retirees who are eligible for Medicare Parts A and B and who are not enrolled in their current employer's group health plan may enroll in a CalPERS Medicare plan as follows:

- Any CalPERS Medicare Supplement Plan (HMO, EPO or PPO) available in either their home or work ZIP code. Retirees who wish to enroll in a health plan based on their work ZIP code should contact the plan before they enroll to be sure the work ZIP code is covered by the plan.
- Kaiser Permanente's Medicare Managed Care Plan (Senior Advantage), based on their home ZIP code.

Retirees who are eligible for Medicare Parts A and B may not enroll in a CalPERS Basic plan.

Employer ZIP Code Election Form

Active employees and working retirees who use their work ZIP code to enroll in a health plan must complete the **CalPERS Employer ZIP Code Election** form (HBD-109). This form will be kept in your personnel file. Working retirees must complete and mail this form to CalPERS with their request to change plans.

IMPORTANT

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. If you receive non-covered services or use a provider outside the plan's network (except for emergency or urgent care), you will have to pay for the services.

Selecting a Primary Care Physician (PCP) or Medical Group

When you enroll or change plans, you may have to select a new Primary Care Physician or medical group. Each family member may choose a different PCP. You may choose your PCP from the following physician types: general practice, family practice, internist, pediatrician, and obstetrician/gynecologist. Each plan's provider directory lists available PCPs and their specialties. Call the plan to make sure the PCP is still in the plan physician network.

Make sure the PCP you want will take you as a patient before you notify your plan. List your PCP or medical group on your **Health Benefit Enrollment** form (HBD-12). If you don't, the plan will assign a PCP for you and each of your family members.

Most PCPs will refer patients to specialists within their own medical group or independent practice association.

Is There a Cost?

Your cost will depend on where you work (or worked), for how long, and which health plan you choose. Whether you are working or have retired, your employer or former employer will be making monthly contributions toward your health premium, but how much they contribute varies. Contact your employer if you are an active employee to verify these amounts. If you are retired, contact CalPERS.

Check Your Health Plan Deduction

When you enroll in or change plans, but do not see your new plan's premium payment on your pay stub or retirement check, do not use the services of your former plan. Instead, contact your agency's Health Benefits Officer or Personnel Office or CalPERS to report the discrepancy and learn how to get the health care services you need.

If you see \$0.00 for your health plan deduction on your pay stub or retirement check, that means your employer or your former employer is paying the entire premium on your behalf.

Identification Cards

You will need your health plan identification (ID) card when you seek medical care. If you do not receive your card by the end of December 2003 for the 2004 benefit year, contact your health plan. (Kaiser Permanente issues ID cards to new members only.) CalPERS does not issue ID cards; the health plans issue them. If you need care before your card arrives, call your new health plan or the CalPERS Customer Contact Center for assistance.

NOTE

It is important to know that when you enroll in a health plan, services are provided through that health plan's delivery system. The continued participation of any one doctor, hospital, pharmacy, or other provider cannot be guaranteed.

Monthly Premium Rates

The following monthly premium rates do not reflect any employer contributions, which may vary from employer to employer. To find out what your monthly cost will be: (1) go to the appropriate area of the chart

for coverage and find the plan name; (2) follow across to the right to see the premium; and (3) subtract your employer's contribution from the premium amount.

BASIC MONTHLY RATE (B)							
PLAN	If you are →	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield HMO & EPO		\$315.22	2051	\$630.44	2052	\$819.57	2053
CAHP†		\$358.00	2301	\$695.00	2302	\$909.00	2303
CCPOA (North)		\$308.98	2741	\$617.97	2742	\$834.25	2743
CCPOA (South)		\$256.78	2841	\$513.57	2842	\$693.31	2843
Kaiser Permanente (CA)		\$305.42	561	\$610.84	562	\$794.09	563
Kaiser Permanente (out-of-state)		\$426.93	Ω	\$853.86	Ω	\$1,110.02	Ω
PERS Choice		\$349.41	2221	\$698.82	2222	\$908.47	2223
PERSCare		\$544.77	2781	\$1,089.54	2782	\$1,416.40	2783
PORAC		\$399.00	2071	\$733.00	2072	\$931.00	2073
Western Health Advantage		\$280.41	2821	\$560.82	2822	\$729.07	2823

SUPPLEMENT/MANAGED MEDICARE MONTHLY RATE (SM)							
PLAN	If you are →	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield HMO & EPO		\$319.97	2061	\$639.94	2062	\$959.91	2063
CAHP†		\$354.00	2311	\$655.00	2312	\$832.00	2313
CCPOA (North)		\$222.57	2751	\$445.14	2752	\$667.71	2753
CCPOA (South)		\$222.57	2851	\$445.14	2852	\$667.71	2853
Kaiser Permanente (CA)		\$273.86	661	\$547.72	662	\$821.58	663
Kaiser Permanente (out-of-state)		\$239.50	Ω	\$479.00	Ω	\$718.50	Ω
PERS Choice		\$305.67	2231	\$611.34	2232	\$917.01	2233
PERSCare		\$336.07	2791	\$672.14	2792	\$1,008.21	2793
PORAC		\$351.00	2081	\$701.00	2082	\$1,049.00	2083
Western Health Advantage		\$280.24	2831	\$560.48	2832	\$840.72	2833

† Call CAHP for subsidy rates.

Ω Call CalPERS.

Employer Contribution Amounts

The State contribution is a flat dollar amount paid toward your health premium.

	State Employees ¹	State Retirees	CSU Active & Retirees ² (BU 6 Only)		Public Agency Employees & Retirees
One Party	Not Available	\$331	\$331	\$336	Contact your current or former employer.
Two Party	Not Available	\$621	\$621	\$631	
Three + Party	Not Available	\$780	\$780	\$800	

COMBINATION MONTHLY RATE							
PLAN	If you are →	Employee in SM 1 Dependent in B	Plan Code	Employee in SM 2+ Dependents in B	Plan Code	Employee & 1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield HMO & EPO		\$635.19	2064	\$824.32	2065	\$829.07	2066
CAHP†		\$691.00	2314	\$905.00	2315	\$869.00	2316
CCPOA (North)		\$531.56	2754	\$747.84	2755	\$661.42	2756
CCPOA (South)		\$479.36	2854	\$659.10	2855	\$624.88	2856
Kaiser Permanente (CA)		\$579.28	664	\$762.53	665	\$730.97	666
Kaiser Permanente (out-of-state)		\$666.43	Ω	\$922.59	Ω	\$735.16	Ω
PERS Choice		\$655.08	2234	\$864.73	2235	\$820.99	2236
PERSCare		\$880.84	2794	\$1,207.70	2795	\$999.00	2796
PORAC		\$685.00	2084	\$883.00	2085	\$899.00	2086
Western Health Advantage		\$560.65	2834	\$728.90	2835	\$728.73	2836
PLAN	If you are →	Employee in B 1 Dependent in SM	Plan Code	Employee in B 2+ Dependents in SM	Plan Code	Employee & 1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield HMO & EPO		\$635.19	2067	\$955.16	2068	\$824.32	2069
CAHP†		\$659.00	2317	\$836.00	2318	\$873.00	2319
CCPOA (North)		\$531.55	2757	\$754.12	2758	\$747.83	2759
CCPOA (South)		\$479.35	2857	\$701.92	2858	\$659.09	2859
Kaiser Permanente (CA)		\$579.28	667	\$853.14	668	\$762.53	669
Kaiser Permanente (out-of-state)		\$666.43	Ω	\$905.93	Ω	\$922.59	Ω
PERS Choice		\$655.08	2237	\$960.75	2238	\$864.73	2239
PERSCare		\$880.84	2797	\$1,216.91	2798	\$1,207.70	2799
PORAC		\$749.00	2087	\$1,097.00	2088	\$947.00	2089
Western Health Advantage		\$560.65	2837	\$840.89	2838	\$728.90	2839

¹ The State's contribution toward health premiums is subject to collective bargaining. Please see your specific bargaining unit contract for dollar amounts.

² Subject to collective bargaining.

Health Plan Service Areas

To determine if the plan you are considering provides service where you live or work, find your county and follow the dots to see which plans are available to you. Remember, availability is based on the ZIP code of your home or work address.

You should contact the plan before you enroll to make sure they currently cover your ZIP code and that their provider network is accepting new patients in your area.

PLAN	Alameda	Alpine	Amador	Butte	Calaveras	Colusa	Contra Costa	Del Norte	El Dorado	Fresno	Glenn	Humboldt	Imperial	Inyo	Kern
Blue Shield HMO & EPO	•		•		❖	•	❖	•	•	•		•			•
CAHP	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CCPOA	•					•		+	+						+
Kaiser Permanente	•		•			•		•	•						•
PERS Choice	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PERSCare	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PORAC	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Western Health Advantage					•			•							

PLAN	Kings	Lake	Lassen	Los Angeles	Madera	Marin	Mariposa	Mendocino	Merced	Modoc	Mono	Monterey	Napa	Nevada	Orange
Blue Shield HMO & EPO	•	❖		•	•	•	•	❖	•			•	•	•	
CAHP	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CCPOA	•			•	•	•		•				•	+	•	
Kaiser Permanente	•			•	•	•	•					•		•	
PERS Choice	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PERSCare	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PORAC	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Western Health Advantage															

- Health plan covers all or part of county.
- ❖ The Blue Shield EPO Plan serves Colusa, Lake, Mendocino, Plumas, Sierra, and parts of El Dorado counties only. Members are not required to select a Primary Care Physician. The Blue Shield EPO plan offers the same medical benefits as the HMO plan, but members must seek services from the Blue Shield PPO network of providers.

Important . . .

You must live or work in the geographic service area of the health plan in order to enroll in that plan.

PLAN	Placer	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara	Santa Cruz	Shasta
Blue Shield HMO & EPO	•	❖	•	•	•	•	•	•	•	•	•	•	•	•	•
CAHP	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CCPOA	+		+	•		+	•	•	•	•	•	•	•	•	•
Kaiser Permanente	•		•	•		•	•	•	•	•	•	•	•	•	•
PERS Choice	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PERSCare	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PORAC	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Western Health Advantage	•			•											

PLAN	Sierra	Siskiyou	Solano	Sonoma	Stanislaus	Sutter	Tehama	Trinity	Tulare	Tuolumne	Ventura	Yolo	Yuba	Out-of-State
Blue Shield HMO & EPO	❖		•	•	•				•	•	•			
CAHP	•	•	•	•	•	•	•	•	•	•	•	•	•	•
CCPOA			•	•	•				•	•	•			
Kaiser Permanente			•	•	•	•			•	•	•	•	•	•
PERS Choice	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PERSCare	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PORAC	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Western Health Advantage			•									•		

+ Some ZIP codes in this county are not available to new enrollment.

Health Plan Directory

Contact your health plan regarding the following issues and any questions or requests:

- ID cards
- Verification of provider participation
- Service area boundaries (covered ZIP codes)
- Evidence of Coverage booklets
- Individual conversion policies
- Benefits, deductibles, limitations, and exclusions

Blue Shield of California

P.O. Box 629019

El Dorado Hills, CA 95762-9019

Member Services: (800) 334-5847

www.mylifepath.com (for current members)

www.mylifepath.com/calpers (for prospective members)

California Association of Highway Patrolmen (CAHP) Health Benefits Trust

(Administered by Blue Cross)

2030 V Street

Sacramento, CA 95818-1730

For eligibility issues contact:

(800) 734-2247 (CAHP)

(916) 452-6751 (CAHP)

www.thecahp.org

For benefits or claim information, contact:

Blue Cross of California

Attn: CAHP Unit

P.O. Box 60007

Los Angeles, CA 90060-0007

(800) 759-5758 (Blue Cross)

www.bluecrossca.com

California Correctional Peace Officers Association (CCPOA) Benefits Trust

(Administered by Health Net)

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-4235

CCPOA Benefits Trust: (800) 468-6486

COBRA: (800) 909-6362 ext. 3484

www.ccpoabtf.org

Health Net – CCPOA Member Services Unit:

(800) 547-2968

Kaiser Permanente

Northern California Region*

1950 Franklin Street

Oakland, CA 94612

Member Service Call Center: (800) 464-4000

Southern California Region*

393 E. Walnut Street

Pasadena, CA 91188

Member Service Call Center: (800) 464-4000

www.kaiserpermanente.org**PERSCare**

Blue Cross of California

P.O. Box 60007

Los Angeles, CA 90060-0007

(877) PERS PPO or 737-7776

(818) 234-5141 (outside of the continental U.S.)

(818) 234-3547 (TDD)

P.O. Box 629 (for direct premium payments)

Woodland Hills, CA 91365

www.calpers.ca.gov**PERS Choice**

Blue Cross of California

P.O. Box 60007

Los Angeles, CA 90060-0007

(877) PERS PPO or 737-7776

(818) 234-5141 (outside of the continental U.S.)

(818) 234-3547 (TDD)

P.O. Box 629 (for direct premium payments)

Woodland Hills, CA 91365

www.calpers.ca.gov**Peace Officers Research Association of California (PORAC) Police & Fire Health Plan**

(Administered by Blue Cross)

For eligibility issues, contact:

2495 Natomas Park Drive, Suite 555

Sacramento, CA 95833-2941

(800) 937-6722 (PORAC)

www.porac.org

For benefits or claim information, contact:

Blue Cross of California

Attn: PORAC Unit

P.O. Box 60007

Los Angeles, CA 90060-0007

(800) 288-6928 (Blue Cross)

www.bluecrossca.com**Western Health Advantage**

1331 Garden Highway, Suite 100

Sacramento, CA 95833-9773

(888) 563-2251

(916) 563-2251

www.westernhealth.com

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

When You Need Help

Your health plan and CalPERS work together to ensure smooth delivery of services to you and your family, but sometimes a disagreement can occur. If it does, first call the health plan to work with them to resolve your concerns. Your health plan and CalPERS are here to help.

Filing a Grievance

Filing a grievance with your health plan is another way you can resolve your issue, complaint, or disagreement if you feel your plan hasn't helped you appropriately. You have a legal right to file a written grievance with your health plan. Your health plan has its own "grievance process," which is described in the plan's *Evidence of Coverage* booklet. If you cannot locate your booklet, your health plan can send you another copy.

Appealing a Decision

Appealing your plan's decision is the next step. If you filed a grievance and are dissatisfied with your HMO's final decision regarding your health benefits, you should register your complaint with the Department of Managed Health Care (DMHC) at (888) 466-2219. You should also contact the DMHC if a matter is not resolved by the HMO within 30 days or immediately if the matter is urgent. If you filed a grievance and are dissatisfied with your HMO's final decision regarding your eligibility for health benefits or limits of coverage under the plan, HMO members should contact the CalPERS Member Health Services Unit for assistance.

If you are a PPO enrollee and you filed a grievance and are dissatisfied with your PPO's final decision, contact the CalPERS Member Health Services Unit for information and assistance.

Binding Arbitration

Binding arbitration is a method of resolving conflicts. It requires you to agree in advance that any claims or disagreements will be settled through 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 does offer binding arbitration, the process will be described in your plan's *Evidence of Coverage* booklet.

HMO Consumer Help Center

The California Department of Managed Health Care (DMHC) regulates all HMOs in California. If you have a grievance with your HMO and are dissatisfied with the resolution offered by the plan, you may call the HMO Consumer Help Center at (888) 466-2219 or TDD (877) 688-9891. You also may request assistance through DMHC's Web site at www.dmhca.ca.gov

Health Plan Choice Worksheet

The Health Plan Choice Worksheet on page 13 can be used as a comparison tool when evaluating health plans. Go through the steps listed in the left column of the worksheet. Some answers will be a simple yes or no, while others will require you to insert information or call the health plan. Remember, the best plan for you will be the one that works for your specific situation.

HEALTH PLAN CHOICE WORKSHEET

HEALTH PLAN CHOICE WORKSHEET									
Plan names and phone numbers:									
Select the type of plan: (circle one on each row)	HMO Basic 1 Party	PPO Medicare 2 Party	Assoc. Family	HMO Basic 1 Party	PPO Medicare 2 Party	Assoc. Family	HMO Basic 1 Party	PPO Medicare 2 Party	Assoc. Family
STEP 1									
See pages 10 - 11, and call the plan's customer service center: • Ask if the plan is available in your home or work ZIP code.	Yes	No		Yes	No		Yes	No	
• Ask for a provider directory or the names of doctors accepting new patients. <i>Call the doctor's office.</i> Confirm that they contract with the plan and are accepting new patients. Ask what specialists are available and the hospitals with which they are affiliated.									
STEP 2									
How did the plan rate in "quality"? (See the <i>Quality Report</i>)♦									
How did the plan rate in "satisfaction"? (See the <i>Quality Report</i>)♦									
<i>Compare the "benefits."</i> Look at the <i>Benefit Summary</i> booklet in your packet. CalPERS plans offer a standard package of benefits — but there are some differences: acupuncture, chiropractic, etc.									
STEP 3									
<i>Calculate your monthly cost.</i> Enter the monthly premium (see pages 6 - 7). Premium amounts will vary based on 1 party/2 party/family and Basic/Supplement to Original Medicare.	\$			\$			\$		
Enter your employer's contribution (see page 7). —	\$			\$			\$		
Figure out your cost. Subtract your employer's contribution from the monthly premium. If total is \$0 or less, your cost is \$0.									
<i>Other considerations.</i> What services are available when you travel? Are the providers convenient? Does the plan offer health education? Do you or your family have special medical needs?									
What changes are you planning in the upcoming year (i.e. retirement, transfer, move, etc.)?									
Other information									
Compare and select a plan.									

If you need assistance with completing this form, call the CalPERS Customer Contact Center at (888) CalPERS (225-7377).

♦ The *Quality Report* can be viewed on the CalPERS Web site at www.calpers.ca.gov, or you can call (888) CalPERS (225-7377) to obtain a copy by mail.

Instructions - Open Enrollment Change Request Form for Retirees

The Open Enrollment Period allows you the opportunity to change your health plan, add eligible dependents, or enroll in a health plan. To make an Open Enrollment change, simply complete the request form (HBD-30) and mail to or call CalPERS. All changes are subject to verification of eligibility. Call CalPERS for eligibility information.

<p>Mail the HBD-30 and all other requests to: CalPERS Health Benefit Services Division P.O. Box 942714 Sacramento, CA 94229-2714</p>	<p>For further information, please call: Toll Free: (888) CalPERS (225-7377) TTY: (800) 735-2929 FAX: (916) 658-1277</p>
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INSTRUCTIONS FOR COMPLETING HBD-30	
PART A: Type of Change	Check the type of change(s) you are making.
PART B: Retiree Information	Complete all retiree information. Be sure to include the name of the agency from which you retired.
PART C: Health Plan	Before requesting a plan change, verify that the doctor you want is accepting new patients. If not, you will need to find another doctor who contracts with the new plan.
PART D: Dependent Information	<p>List only the dependents you are adding. All dependents currently enrolled on your health plan will remain on your plan. Adding a spouse requires a copy of your <i>Marriage License</i>. To add a domestic partner, copies of the signed <i>Declaration of Domestic Partnership</i> form and a <i>Statement of Financial Liability</i> form are required. An <i>Affidavit of Eligibility</i> form is required to add another person's child.</p> <p>Important: If the dependent(s) you are adding is eligible for Part A and Part B of Medicare, a copy of their Medicare card or <i>Notice of Entitlement</i> letter must be returned with this form.</p>
PART E: Signature	The signature of the retired member is required.

<p>NOTE</p> <ul style="list-style-type: none"> After changing your health plan, be sure to check your retirement check to verify that the proper deduction is made. If the deduction is incorrect, call CalPERS to report the discrepancy. If you are enrolled in a Medicare Managed Care plan (Medicare + Choice) and are switching to a Supplement to Original 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 (Medicare + Choice). If you do not disenroll, Medicare will not pay your new health plan for services. For more information, request a copy of the <i>Understanding Medicare</i> booklet, or look for this booklet on the CalPERS Web site at www.calpers.ca.gov. <p>Do not use this form to cancel your health coverage or delete a dependent. Make your request by calling or writing CalPERS. Include your Social Security number, daytime phone number, mailing address, the type of change, and the reason for change. The effective date for changes, other than Open Enrollment changes, is the first of the month following receipt of your request.</p>
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CalPERS Health Benefit Services Division
 P.O. Box 942714
 Sacramento, CA 94229-2714
 (888) CalPERS (225-7377)/TTY (800) 735-2929

Changing Plans?
Open Enrollment plan changes can be done over the phone by calling (888) CalPERS (225-7377).

Date Called: _____

Name of Representative: _____

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

Open Enrollment Change Request Form For Retirees <i>(For Retirees only. Active employees - contact your Personnel Office.)</i> Changes Effective January 1, 2004							
PART A • TYPE OF CHANGE •							
<input type="checkbox"/> Change My Health Plan. (Complete Parts B, C, and E.) <input type="checkbox"/> Add Eligible Dependents to My Health Plan.* (Complete Parts B, D, and E.) <input type="checkbox"/> Enroll in a Health Plan.** (Complete Parts B, C, D, and E.)							
PART B • RETIREE INFORMATION •							
Social Security Number	Last Name	First Name	MI	Retirement Date (MO/YR)			
Date of Birth (MO/DAY/YR)	Home Address	Mailing Address (if different)		Apt/Unit #			
Daytime Phone Number ()	City	State	ZIP	County (residence)			
Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you or any of your dependents on Medicare disability?		Are you or any of your dependents enrolled in both Parts A & B of Medicare?*				
Name of agency or school district retired from:	Member <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, send a copy of Medicare cards.		Member <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, send a copy of Medicare cards.				
PART C • HEALTH PLAN •							
Name of New Health Plan			Name of Doctor/Medical Group (include ID#, if known)				
PART D • DEPENDENT INFORMATION •							
Dependents to be Added	Social Security Number	Date of Birth	Relationship	Doctor or Medical Group			
PART E • RETIREE'S SIGNATURE •							
By signing this form, I elect to change to the plan indicated above and/or add eligible family members. I also authorize deductions, if applicable, to be made from my retirement allowance to cover my share of the cost of enrollment.							
Signature of Retiree				Date Form Signed			
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>			

* Adding a spouse requires a copy of your marriage license. Adding a domestic partner requires a Declaration of Domestic Partnership and a Statement of Financial Liability. Adding an economically-dependent child or a domestic partner's child requires an "Affidavit of Eligibility." Contact your former employer or CalPERS for more information concerning eligibility requirements.

** You can enroll in the CalPERS Health Program if you:
 • retired from the State of California, a school district, or public agency that contracts with CalPERS to provide health benefits for its retirees,
 • are receiving a retirement check, and
 • retired within 120 days from the day you separated from your job.

California Public Employees' Retirement System 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.

If you have any questions about this notice, please contact the HIPAA Coordinator at (888) CalPERS (225-7377).

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 (225-7377).

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 Health Benefit Services Division 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 Health Benefit Services Division uses Social Security numbers for the following purposes:

- 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.

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:

- Make sure that medical information that identifies you is kept private
- Give you 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. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For 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 benefits 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 provided 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 received 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.** If you are enrolled in the CalPERS health benefit program as a dependent, we may release medical information about you to the named insured.
- **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 Health Benefit Services Division. 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 that is maintained by the CalPERS Health Benefit Services Division, you

must submit your request in writing to the HIPAA Coordinator at P. O. Box 942714, Sacramento, CA 94229-2714. If you request a copy of the information, we may charge 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 or for the CalPERS Health Benefit Services Division.

To request an amendment, your request must be made in writing and submitted to the HIPAA Coordinator 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 Coordinator 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 Coordinator 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 to a specific address.

To request confidential communications, you must make your request in writing to the HIPAA Coordinator 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.** 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice contact the HIPAA Coordinator at (888) CalPERS (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 at CalPERS and on the CalPERS web site at www.calpers.ca.gov. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, a copy of the notice that is currently in effect will be included in each year's CalPERS open enrollment mailing.

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 and Human Services. To file a complaint with CalPERS, contact the HIPAA Coordinator at (888) CalPERS (225-7377). All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Other Uses Of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made 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 medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of your participation in the CalPERS health benefits program.

I Need More Information. Where Do I Go?

CalPERS Health Benefit Services Division

P.O. Box 942714

Sacramento, CA 94229-2714

(888) CalPERS (225-7377)

FAX: (916) 658-1277

CalPERS Regional Offices

Fresno County Regional Office

10 River Park Place East, Suite 230

Fresno, CA 93720

(888) CalPERS (225-7377)

FAX (559) 440-4901

Glendale Regional Office

Glendale Plaza

655 North Central Avenue, Suite 1400

Glendale, CA 91203

(888) CalPERS (225-7377)

FAX (818) 662-4304

Mountain View Regional Office

650 Castro Street, Suite 240

Mountain View, CA 94041

(888) CalPERS (225-7377)

FAX (650) 428-4601

Orange Regional Office

500 North State College Blvd., Suite 750

Orange, CA 92868

(888) CalPERS (225-7377)

FAX (714) 939-4701

Sacramento Regional Office

2750 Gateway Oaks Drive, Room 140

Sacramento, CA 95833

(888) CalPERS (225-7377)

FAX (916) 231-7878

San Bernardino Regional Office

650 East Hospitality Lane, Suite 330

San Bernardino, CA 92408

(888) CalPERS (225-7377)

FAX (909) 806-4820

San Diego Regional Office

7676 Hazard Center Drive, Suite 350

San Diego, CA 92108

(888) CalPERS (225-7377)

FAX (619) 220-7201

San Francisco Regional Office

301 Howard Street, Suite 2020

San Francisco, CA 94105

(888) CalPERS (225-7377)

FAX (415) 369-8501



California Public Employees' Retirement System

400 P Street, Sacramento, CA 95814

www.calpers.ca.gov