Health Program Guide

An informational guide to your CalPERS health benefits

Information as of August 2019

CalPERS

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 approximately 1.5 million public employees, retirees, and their families.

Depending on where you reside or work, CalPERS offers active employees and retirees 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 annually determines health plan availability, covered benefits, health premiums, and co-payments Whether you are working or retired, your employer or former employer makes monthly contributions toward your health premiums.

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.

About This Publication

The ***Health Program Guide*** describes CalPERS Basic health plan eligibility, enrollment, and choices. It provides an overview of CalPERS health plan types 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 resource CalPERS offers to help you choose and use your health plan. Others include:

- ***Health Benefit Summary:*** Provides valuable information to help you make an informed choice about your health plan; compares benefits, covered services, and co-payment information for all CalPERS health plans
- ***CalPERS Medicare Enrollment Guide:*** Provides information on how Medicare works with your CalPERS health benefits

You can obtain the above publications, required forms, and other information about your CalPERS health benefits through the CalPERS website at **www.calpers.ca.gov** or by calling CalPERS at **888 CalPERS** (or **888**-225-7377).

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Eligibility and Enrollment

Who Is Eligible for the CalPERS Health Program?

Employees and annuitants of the State of California ("State") and contracting agencies may enroll in the CalPERS Health Program. Annuitants are eligible retirees or their surviving family member. 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 work at least half-time and have a permanent appointment or a "limited term" appointment with a duration of more than six months. If you are a temporary or variable-hour employee, you may be eligible for health coverage due to new provisions in the Public Employee Medical and Hospital Care Act (PEMHCA) that help large contracting employers meet the Affordable Care Act (ACA) requirements. To check if you meet the expanded eligibility criteria, contact your employer.

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 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.

Retirees

You are eligible to enroll in a CalPERS health plan if you meet all of the following criteria:

- 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 for your specific bargaining unit

Family Members

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

- Spouse
- Registered domestic partner
- Children (natural, adopted, domestic partner's, or step) up to age 26
- Children, up to age 26, if the employee or annuitant has assumed a parent-child relationship and is considered the primary care parent
- Certified disabled dependent children age 26 and older

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* (except for certain California State University and contracting agency employees whose contracts provide health benefits for less than half time work)
- 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

- Former spouses/former registered domestic partners
- Children age 26 and older
- Disabled children over age 26 who were never enrolled or who were deleted from coverage
- Children of a former spouse/former registered domestic partner (unless the former stepchild is certified as a parent-child relationship dependent)
- Foster children
- Grandparents
- Parents

Do Not Enroll Ineligible Family Members

It is against the law to enroll ineligible family members. If you do so, CalPERS will retroactively cancel the enrollment and you must 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. Your health benefits officer is usually located in your personnel office or human resources department.

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:

- Online through my|CalPERS at **my.calpers.ca.gov**
- By writing to us at P.O. Box 942715, Sacramento, CA 94229-2715
- By calling us toll free at **888 CalPERS** (or **888**-225-7377).

For general information about health benefits, go to the CalPERS website at **my.calpers.ca.gov**.

The chart on pages 22-23 indicates the forms and supporting documentation needed for most changes.

**The Affordable Care Act has provisions which expand eligibility criteria for certain variable-hour employees. For additional information, please contact your employer. CalPERS cannot advise on the timekeeping and documentation requirements of variable-hour employees under the Affordable Care Act.*

Enrolling Yourself and Eligible Family Members

This section provides you information about enrollment timeframes and effective dates for enrolling yourself and 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 7 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 22–23 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, or decline 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). The effective date is the first day of the month following the date your health benefits officer receives the ***Health Benefits Plan Enrollment for Active Employees*** form (HBD-12).

When you enroll, you must enroll yourself or yourself and all eligible family members, unless the family member is:

- Covered under another health plan
- A spouse not living in your household
- A child who has attained the age of 18
- A member of the armed forces

You must complete the ***Health Benefits Plan Enrollment for Active Employees*** (HBD-12) coverage form during your initial eligibility period, whether you elect to enroll or decline health coverage.

If you or your eligible family members decline to enroll during the initial enrollment period, enrollment can occur at a later date. (See "Split Enrollments" on page 6 and "Additional Enrollment Opportunities" on page 7.)

Annuitants

An annuitant is an individual who has retired within 120 days of separation from employment and who receives a retirement allowance. An annuitant can also be a surviving family member who receives the retirement allowance in place of the deceased, or a survivor of a deceased employee entitled to special death benefits and survivor allowance under certain laws.

Retirees

As an eligible retiree you may enroll yourself and all eligible family members in a health plan within 60 days of your retirement date. The effective date is the first day of the month following the date CalPERS receives the ***Health Benefits Plan Enrollment for Retirees and Survivors*** form (HBD-30). You may also enroll during any future Open Enrollment period or due to other qualifying events. See page 7.

If you are enrolled in a CalPERS health plan at separation from employment and want to continue your enrollment into retirement, your coverage will automatically continue as long as your separation and retirement dates are within 30 days of each other. (See the section "Information for Members Who are Retiring or Retired" beginning on page 16 for more details.) If you do not wish to continue your CalPERS health coverage, contact your health benefits officer (CalPERS, if already retired) to cancel your coverage.

Note: *As you transition from employment to retirement, be sure to inform CalPERS if you or your dependents have Medicare coverage.*

Survivors

You may enroll in a health plan as a survivor if you were eligible for enrollment as a dependent on the date of death of a CalPERS retiree and receive a monthly survivor check. If you meet eligibility requirements, you may enroll in a health plan within 60 days of the employee or annuitant's death. You may also enroll during any future Open Enrollment period or due to other qualifying events. See page 7. If your survivor benefits are pending approval, you may elect to enroll in Consolidated Omnibus Budget Reconciliation Act (COBRA). The effective date of enrollment is the first day of the month following the date CalPERS receives your request. Exceptions may apply for certain contracting agency survivors who do not receive a monthly survivor check. Contact your spouse's former employer for additional information.

If you are enrolled in a CalPERS health plan as a dependent on the date of death of the retiree, CalPERS

will automatically enroll you as a survivor once your first monthly survivor check is released. A survivor can only enroll dependents who were eligible for CalPERS health benefits at the time of the retiree's death.

For more information regarding health coverage options for survivors, see the section on "Life Changes" on page 9.

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 government issued 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 for Active Employees*** form (HBD-12).

Note: *If your spouse does not have a Social Security number, they can still be enrolled in CalPERS health benefits. Contact your health benefits officer.*

Registered Domestic Partner

You may add your registered domestic partner to your health plan within 60 days of registration of the 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 for Active Employees*** form (HBD-12).

To add a domestic partner to your health plan, you must register your domestic partnership through the California Secretary of State's Office or equivalent office from another state. Upon registration, that office will provide you with a Declaration of Domestic Partnership. CalPERS requires that you submit a copy of the approved Declaration of Domestic Partnership, the domestic partner's Social Security number, and a copy of their Medicare card (if applicable).

Same sex domestic partnerships between persons who are both at least age 18 are eligible to register with the Secretary of State effective January 1, 2020. For more information about domestic partnership registration, visit the Secretary of State's website at **www.sos.ca.gov**.

Note: *If your registered domestic partner does not have a Social Security number, they can still be enrolled in CalPERS health benefits. Contact your health benefits officer.*

Children

Natural-born, adopted, domestic partners, and stepchildren who are under age 26 may be added to your health plan, as outlined below:

- Newborn children may be added within 60 days of birth. Coverage is effective from the date of birth.
- Newly adopted children may be added within 60 days of physical custody. Coverage is effective from the date physical custody is obtained.
- Stepchildren or a domestic partner's children under age 26 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 for Active Employees*** form (HBD-12).

Disabled Children Over Age 26

A child age 26 and over who is incapable of self-support because of a mental or physical condition may be eligible for enrollment. The disability must have existed prior to reaching age 26 and continuously since age 26, as certified by a licensed physician. You are required to complete and submit the Member Questionnaire for the ***CalPERS Disabled Dependent Benefit*** form (HBD-98) to CalPERS. The physician must complete and submit a Medical Report for the ***CalPERS Disabled Dependent Benefit*** form (HBD-34) to CalPERS for approval. The initial certification of the Disabled Dependent must occur during one of the following two eligibility periods (whichever applies):

- Within 60 days before and ending 60 days after the child's 26th birthday
- Within 60 days of a newly eligible employee's initial enrollment in the CalPERS Health Program

Upon certification of eligibility, the dependent's CalPERS health and dental coverage must be continuous and without lapse. Upon expiration of the certification, you will be required to submit an updated questionnaire and medical report for re-certification. These documents must

be received no earlier than 60 days prior to the expiration date, and no later than the expiration date.

Note: If the disabled child has a Social Security-Disability (SSD), provide CalPERS with a completed Certification of Medicare Status and a copy of the Medicare card showing the Medicare Benefit Identifier (MBI) and effective dates for Medicare Parts A&B.

Disabled Children Not Eligible for Coverage

The following disabled children are not eligible for coverage:

- Dependent children whose disability occurred after age 26
- Dependents who initially continued coverage as disabled dependents beyond age 26 under the PEMHCA program and who were later deleted from the enrollment
- Dependents who are capable of self-support
- Disabled dependents whose coverage (extension) was not requested in a timely manner

Dependents in a Parent-Child Relationship

A child other than an adopted, step, or recognized natural child up to age 26 may be added to your health plan if you have assumed parental status, or assumed the parental duties as certified at the time of enrollment of the child, and annually on your birth month, thereafter up to the age of 26.

You have 60 days from the date you obtained custody of the child to enroll him or her on your health plan. Prior to enrollment of a dependent who is in a parent-child relationship, you must complete and submit an Affidavit of Parent-Child Relationship. You will be required to provide supporting documentation as indicated on the ***Affidavit of Parent-Child Relationship*** (HBD-40). Coverage will become effective the first day of the month following the date your health benefits officer receives the ***Health Benefits Plan Enrollment for Active Employees*** form (HBD-12).

For dependents under the age of 19, the annual re-certification will require a copy of the first page of your income tax return from the previous year listing the child as a tax dependent. In lieu of a tax return, for a time not to exceed one tax filing year, you may submit other documents that substantiate the child's financial dependence.

For dependents from age 19 up to age 26, the annual re-certification requires: A copy of the first page of your income tax return from the previous tax year listing the child as a tax dependent; or Documents that substantiate that the child is financially dependent, provided that the child: either lives with you for more than 50 percent of the time, or is a full-time student; and, is dependent upon you for more than 50 percent of his or her support.

Split Enrollments

When two active or retired CalPERS members are married to each other or in a domestic partnership, each member can enroll separately. However, when these individuals enroll in a CalPERS health plan in their own right, one parent must carry all dependents on one health plan. Parents cannot split enrollment of dependents. CalPERS will retroactively cancel split enrollments. You will 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 will be responsible for all costs incurred from the date the dual coverage began.

Members may enroll in both a CalPERS health plan and a health plan provided through a non-CalPERS employer. For example, a spouse may enroll in a CalPERS plan and in the plan from his or her private employer. In this case, the two plans may 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. 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 enroll for the first time, change health plans, or add/delete dependents, carefully check the "Statement of Earnings and Deductions" section of your pay warrant 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 your January pay warrant does not reflect your new plan's premium payment, do not continue to use the prior health plan's services after the first of the year. The premium payment will be adjusted during the subsequent pay period. If your Open Enrollment health plan change is not reflected on your next pay warrant, contact your employer's health benefits officer (or CalPERS, if retired).

A $0.00 deduction for your health plan showing on your pay warrant indicates 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 on your warrant

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 Open Enrollment period.

Special Enrollment

Special Enrollment refers to certain types of enrollment after your initial enrollment, but outside of the 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 partnership registration, birth, change of custody, 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 date your health benefits officer receives the ***Health Benefits Plan Enrollment for Active Employees*** form (HBD-12)

Late Enrollment

If you decline or cancel enrollment for yourself or your dependents and the Special Enrollment exceptions do not apply, your right to enroll (or add dependents) 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.

Dependent Eligibility Verification (State and CSU only)

In June 2015, SB 98 passed creating Government Code 22843.1, requiring the employing office of State employees and annuitants to verify the continued eligibility of family members enrolled in a health benefit plan once every three years. Government Code 22959 authorizes the verification of family members enrolled in a dental benefit plan.

The Public Employees' Retirement System (CalPERS) is the employing office of all state annuitants.

Beginning February 1, 2018, recurring dependent verification will be required for:

- Spouses
- Registered domestic partners
- Natural born children
- Adopted children
- Stepchildren
- Children of registered domestic partners

Required Documentation

*Spouse or Domestic Partner**

1. A copy of your government-issued marriage certificate or domestic partnership registration, filed with the California Secretary of State or a comparable agency in another jurisdiction; and
2. A copy of the first page of the subscriber's federal or state income tax return from the previous tax year, listing the subscriber and the spouse or domestic partner; or
3. A copy of a document dated within the last 60 days showing current relationship status, such as a recurring household bill or joint statement of account. The document must list employee's name, the name of the spouse, and address. In the situation of spouses who keep their finances separate, employees may provide separate household bills or account statements, if the documents show the same address and are not older than 60 calendar days.

* *The first document establishes the life event allowing the enrollment of the dependent (i.e., marriage or registering as domestic partners). The second document substantiates the relationship is current.*

Natural-born and Adopted Children

- A copy of the birth certificate naming the subscriber as the parent

Stepchildren

- A copy of the birth certificate naming the subscriber's current spouse as the parent

Domestic Partner Children

- A copy of the birth certificate naming the subscriber's current registered domestic partner as the parent

Verification Schedule

Your dependents' eligibility will be verified once every three years. The verification cycle is based on your birth month. This three-year cycle repeats. If you enroll family members within six months of your birth month, their eligibility will be verified during your next cycle. Please visit our website to view a schedule of the verification process.

Verifying Family Members

Ninety (90) calendar days before your birth month, CalPERS will send you a letter with the verification due date, a list of enrolled family members you must verify, and the acceptable verification documents. Included will be all other instructions on how and where to send verification documents.

If you don't respond or provide the required documents to your employing office during your verification cycle, CalPERS will remove your dependents from your health and/or dental benefits. If you provide verification documents for disenrolled, eligible dependents after the verification due date, those dependent will be re-enrolled prospectively for health and/or dental benefits. This may result in a gap of benefit coverage.

Note that the Dependent Eligibility Verification (DEV) process is separate from the process to recertify a parent child relationship dependent and a disabled dependent.

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 will 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 2010, yet you did not report it until 2013, your former spouse or registered domestic partner will be retroactively deleted from coverage effective the first of the month following the divorce or dissolution. The health premiums will be adjusted for a period of no more than six months from the date your health benefits officer receives copies of supporting documentation.

Disenroll Ineligible Family Members Immediately

It is against the law to continue enrollment of an ineligible family member. If you do so, you will have to pay all costs incurred by the ineligible person during the ineligibility period.

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.

When you divorce or terminate a registered domestic partnership, your former spouse or registered domestic partner and former step children are 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.

Note: *Although a member's divorce decree may stipulate that they must provide health benefits for the ex-spouse, the ex-spouse cannot remain enrolled in CalPERS health benefits, as they are no longer an eligible family member. The member would need to purchase private health insurance for the ex-spouse.*

Medicare Eligibility

If you are retired and you, your spouse, or a dependent becomes Medicare eligible due to age, disability, End Stage Renal Disease (ERSD), or Amyotrophic Lateral Sclerosis (ALS), notify CalPERS immediately so that you are 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, notify CalPERS immediately. You will need to enroll in a non-Medicare health plan.

If you later become eligible for Medicare you must enroll in Medicare Part A and B and transition to a CalPERS Medicare health plan. Refer to the CalPERS *Medicare Enrollment Guide* for additional information on how Medicare works with your CalPERS health benefits.

If you have questions regarding your Medicare eligibility, contact the Social Security Administration at (800) 772-1213 or TTY (800) 325-0778, or visit their website **www.ssa.gov**.

Change of Residence or Work Address

When you move or change employers, you must update your address so that the correct ZIP Code is used to establish your eligibility in a health plan. You cannot use a P.O. Box to establish eligibility for health plan enrollment. If you use a P.O. Box as your mailing address, you must also provide your residential address. If you are an active employee, contact your employer to update your address and determine availability of health plans in your residence or work service area. If you are a retiree, contact CalPERS. You must change health plans if you move out of your health plan's service area. You can use the **Search Health Plans** tool on our website to determine if you are out of your service area and choose a new health plan if necessary.

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).

Death of an Employee

Upon the death of an employee while in State service, the law requires the State employer to continue to pay contributions for all enrolled eligible dependents' health coverage for up to 120 days after the death.

If a member was eligible to retire on the date of death, the surviving family members will be eligible for continuation of health benefits provided they were eligible at the time of death and qualify for a monthly survivor check.

Surviving family members who do not meet the above qualifications may be eligible for Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage. (See page 11 for more information about COBRA.)

Death of a Retiree

Surviving family members will be eligible for continued health benefit coverage provided they qualify for a monthly survivor check, were eligible dependents at the time of the annuitant's death, and continue to qualify as eligible family members.

Surviving family members who do not meet the above qualifications may be eligible for Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage. (See page 11 for more information about COBRA.)

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
- 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 (HBD-21). You must submit requests for the direct payment option 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, your health coverage will be canceled. You can re-enroll when you return to pay status with your CalPERS covered employer 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 monthly 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 (HBD-21). 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 you 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 health coverage, you have two options to continue your health benefits: COBRA Continuation Coverage or an Individual Conversion Policy.

COBRA Continuation Coverage

COBRA allows you and your dependents to continue health coverage for a limited time under certain circumstances such as job loss (for reasons other than gross misconduct), reduction in hours worked, death, divorce, and other life events. Your cost under COBRA may include an additional fee, but your total generally will not exceed 102 percent of the monthly group premium rate.

If you or your dependents are eligible for COBRA, you will be notified by your employer (or by CalPERS if retired). You must complete and return a ***Group Continuation Coverage*** form (HBD-85 for active employees and HBD-85R for retirees) within 60 days of notification. Return the form to the employer (or CalPERS, if retired). Coverage must be continuous from the date your CalPERS coverage ends. You must make your premium payments directly to the health plan.

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 or the Supplemental Security Income program, you may continue coverage for up to 29 months. The cost to you cannot exceed 102 percent of the monthly group premium for the first 18 months, and 150 percent of the monthly group 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, termination of registered domestic partnership, or legal separation
- Enrolled child reaches age 26

Cancellation of COBRA Coverage

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

- You fail to pay the premium
- You receive coverage through another group health plan
- You become entitled to Medicare
- Your 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. Contact your health carrier to enroll in Cal-COBRA.

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 Change Your Health Plan?

You may change your health plan at the following times:

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. The effective date of the change will be the first of the month following the date your health benefits officer receives your request.

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. The effective date of the change will be the first of the month following the date your health benefits officer receives your request.

If you are a working retiree enrolled in a Medicare plan, you must use your residential address for eligibility. You cannot use your work address 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. The effective date of the change will be the first of the month following the date your health benefits officer receives your request.

During the CalPERS Open Enrollment period: Open Enrollment is held each fall, and changes become effective the following January 1. Additionally, if you did 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 the Open Enrollment period. To make changes during Open Enrollment, active members should contact their health benefits officer. Retirees should contact CalPERS.

Health Plan Options

Choosing a Health Plan

While CalPERS provides a variety of health plans, only you can decide which is best for yourself 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** to access the following tools and resources:

- The ***Search Health Plans*** tool lets you compare and rank health plans and search for specific doctors.
- The ***Health Benefit Summary*** provides a side-by-side comparison of health plans and benefits, covered services, and co-payment information to help you make an informed choice about your health plan.

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 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. If you are a working retiree, you may use the ZIP Code of your current employer for health plan eligibility.

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 ***Search Health Plans*** tool, available at **www.calpers.ca.gov** and on my|CalPERS at **my.calpers.ca.gov**.

CalPERS Basic Health Plans

Depending on where you reside or work, one or more of the following Basic health plan types may be available to you. (For a full listing of health plan options, refer to the *Health Benefit Summary*.)

Health Maintenance Organization (HMO) Basic Health Plans

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 your care, including referrals to specialists. Other than applicable co-payments, you pay no additional costs when you receive pre-authorized services from the HMO's contracted providers.

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

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. A PPO is similar to a traditional "fee-for-service" health plan, but you must use doctors in the PPO network or pay higher co-insurance (percentage of charges). In a PPO health plan, you must 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.

When you use a non-participating provider you are responsible for any charges above the amount allowed.

Exclusive Provider Organization (EPO) Health Plan

The EPOs serve certain California counties. You can use the ***Search Health Plans*** tool on our website to determine if an EPO is available in your area. The health plans offer the same covered services as the provider's HMO health plan, but members seek services from the EPO network of preferred providers. Members are not required to select a personal primary care physician.

Out-of-State Health Plan Choices

Basic and Medicare-eligible members living outside of California may select a PPO plan, or in some areas, an HMO.

CalPERS Medicare Health Plans

Depending on where you reside or work, one or more of the following Medicare health plan types may be available to you. (For a full listing of health plan options, refer to the *Health Benefit Summary*.)

For more information about how the CalPERS Health Program works with Medicare, please refer to the ***CalPERS Medicare Enrollment Guide***. You can obtain this publication on the CalPERS website at **www.calpers.ca.gov** or by calling CalPERS toll free at **888 CalPERS** (or **888**-225-7377).

HMO Supplement to Medicare Plans

With an HMO Supplement to Medicare health plan, benefits are similar to those in a Basic HMO. The health plan reimburses providers for some services not covered by Medicare. 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)

Under a Medicare Advantage plan, you work closely with your PCP to receive care, similar to a Basic HMO. Medicare Advantage plans are approved by the Medicare program and receive a monthly premium directly from Medicare to provide your Medicare benefits. Therefore, you must 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. To enroll in a Medicare Advantage plan, you must reside within the health plan's service area.

PPO Supplement to Medicare Plans

With a PPO Supplement to Medicare plan, 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 do 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.

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 for a reasons such as a permanent move outside the United States, or you return to work and are eligible for employer group health coverage. If your Medicare benefits are canceled due to non-payment or by your request, you may not change back to a CalPERS Basic health plan.

Information for Members Who Are Retiring or Retired

How Retirement Affects Your Health Benefits

If you 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 CalPERS *Medicare Enrollment Guide*.

This publication is available on the CalPERS website at **www.calpers.ca.gov**. You can request a printed copy by calling CalPERS at **888 CalPERS** (or **888**-225-7377).

If you are still an active employee, refer any questions about your health benefits to your health benefits officer.

Where to Get Help Once You Are Retired

Once you retire, CalPERS becomes your health benefits officer. You can make most changes to your health enrollment when you log into my|CalPERS. The Member Self Service function allows you to change plans during Open Enrollment, add a newly acquired dependent, or delete a dependent for certain qualifying life events. You may also request changes by fax (800) 959-6545, by calling **888 CalPERS** (or **888**-225-7377), or by requesting a change in writing and mailing the request to:

CalPERS
Health Account Services
P.O. Box 942715
Sacramento, CA 94229-2715

Your Separation Date and Your Retirement Date

As retirement approaches, two dates are particularly important: your separation date (last day of employment) 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 (HBD-21). For more information on retiree eligibility, see page 2 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, contact your health benefits officer (if still working) or decline coverage on your *CalPERS Retirement Election Application*.
between 31 and 120 days of each other	you are enrolled in a CalPERS health plan at the time of separation	will not 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.

Enrollment Option upon Retirement After Reinstatement – On or after January 1, 2014

Retirees who reinstated to service and then retired again after January 1, 2014, may be eligible to receive health benefits through their first employer. The eligibility will depend on whether the retiree was eligible for retirement health coverage with the first employer, and then separated and retired from the second employer within 120 days. The following criteria must be met:

- You were eligible for retiree health coverage prior to reinstatement from retirement
- You then retire a second time within 120 days of separation
- The post-retirement employer contribution of your first employer is higher than your second employer
- You must initiate the request for health benefits eligibility
- You meet all statutory requirements for both the previous employer and subsequent employer

Health Premium Contributions

The amount of this contribution varies. Your cost may depend on your employer or former employer's contribution to your premium, the length of your employment, and the health plan you choose. For monthly contribution amounts, active employees should contact their employer; State retirees should contact CalPERS; and contracting agency retirees should contact their former employer.

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. Bargaining unit negotiations may affect the State's vesting requirements. State vesting requirements do not apply to California State University 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. A state contribution of 100 percent may not cover the entire cost of the health plan premiums (you will be responsible for the remaining balance). 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 credited State Agency Service	State Contribution
Fewer than 10	0%
10	50%
10-19	50%, plus 5% added for each year after the 10th year
20 or more	100%

Some bargaining units have a 25 year vesting schedule for State employees who are hired on or after certain dates. These bargaining units and hire dates are as follows:

- Bargaining Unit 12 - January 1, 2011
- Bargaining Units 9, 10, and related employees - January 1, 2016
- Bargaining Units 1, 2, 3, 4, 6, 7, 8, 11, 13, 14, 15, 17, 18, 19, 20, 21, related employees and the Judicial Branch - January 1, 2017
- Bargaining Unit 16 and related employees – April 1, 2017

If you were hired as a state employee in one of these bargaining units or its related employees on or after the date indicated, then once you reach 25 years of state service, you are fully vested and qualify for 100 percent of the state's contribution toward you health premium. The table below shows the percentage of the state's contribution you will receive based on your years of service credit.

Years of credited State Agency Service	State Contribution
Fewer than 15	0%
15	50%
15-24	50%, plus 5% for each year after the 15th year
25 or more	100%

CSU Vesting Requirements

Some CSU bargaining units hired on or after certain dates are subject to a 10-year health vesting period for retiree health benefits. Once you reach 10 years of service credit, you are fully vested and qualify for 100 percent of the State's contribution towards your health premium. The bargaining units and hire dates are as follows:

- Bargaining Unit 3 -- July 1, 2017
- Non-represented employees -- July 1, 2018
- Bargaining Units 1, 2, 4, 5, 6, 7, 9 and 10 – July 1, 2018

Contracting Agency Vesting Requirements

Contracting 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.

Enrolling in a CalPERS Medicare Health Plan

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), or Amyotrophic Lateral Sclerosis (ALS). The parts of Medicare are:

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

The Social Security Administration (SSA) is the federal agency responsible for Medicare eligibility determination, enrollment, and premiums. To obtain additional information about Medicare contact the SSA at (800) 772-1213 or TTY (800) 325-0778, or visit their website at **www.ssa.gov**.

The Centers for Medicare & Medicaid Services (CMS) regulates the Medicare program. The CMS publishes a handbook titled Medicare & You, which provides general information and explains the parts of Medicare. You can view or download this publication at www.medicare.gov. For information on Medicare, contact the CMS at (800) 633-4227 or visit their website at **www.medicare.gov**.

For additional information about how the parts of Medicare work with the CalPERS Health Program, refer to the CalPERS ***Medicare Enrollment Guide*** available on the CalPERS website at **www.calpers.ca.gov**.

Certifying Your Medicare Status

You will receive a notice from CalPERS four months prior to the month you turn 65. This notice informs you of CalPERS requirements to continue your health coverage upon reaching age 65. If you are retired or have initiated the process of retiring from active employment, you will also receive a ***Certification of Medicare Status*** form along with this notice. CalPERS requires that you complete this form and provide proof of your Medicare status. You must certify your Medicare status in order to continue your CalPERS health coverage.

You will need to complete the ***Certification of Medicare Status*** form and return it to CalPERS with the proper documentation certifying one of the following choices:

- Enrollment in Medicare Parts A and B (submit a copy of Medicare card or SSA documentation)
- Ineligible for Medicare either in your own right and/or through the work history of a current, former, or deceased spouse (submit SSA documentation)
- Deferred enrollment in Medicare Part B due to your (or your spouse's) employment (submit proof of active group health insurance through the current employer)

If you are retired, and you do not return the ***Certification of Medicare Status*** form and/or copies of your supporting documentation to CalPERS by the beginning of your birth month, you will receive a notice of cancellation informing you that health coverage for you and all enrolled dependents will be automatically canceled the first day of the month after you turn 65.

If you need assistance completing the form, contact CalPERS toll free at **888 CalPERS** (or **888**-225-7377).

Note: Your CalPERS Medicare health plan will become effective on your Medicare effective date or the first day of the month following CalPERS receipt of the ***Certification of Medicare Status*** form, whichever is later.

Qualifying Information

You must have Medicare Part B in order to continue your enrollment in a CalPERS Medicare health plan. If you cancel your Part B coverage, you will lose your CalPERS health coverage. If the SSA cancels your Part B benefits for any reason, please inform CalPERS immediately.

If you certify that you are ineligible for premium-free Medicare Part A or defer your Medicare Part B enrollment because you are working and enrolled in an active Employer Group Health Plan, you will remain in a CalPERS Basic health plan. Once you retire or lose your active Employer Group Health Plan, you must enroll in Medicare Parts A and B and transition to a CalPERS Medicare health plan.

For more information about how the CalPERS Health Program interacts with Medicare, please refer to the ***CalPERS Medicare Enrollment Guide***. This publication is available at the CalPERS website at **www.calpers.ca.gov**. You can also request a copy by calling CalPERS at **888 CalPERS** (or **888**-225-7377).

Checklist for Enrolling in a CalPERS Medicare Health Plan

- ✓ Apply for Medicare. Three months before you turn 65, apply for Medicare by contacting the SSA toll free at (800) 772-1213 or TTY (800) 325-0778. Be prepared to provide your and your spouse's Social Security numbers.

- ✓ If you are retired and qualify for Medicare Part A at no cost, you must enroll in Part B when first eligible.

- ✓ Complete and return to CalPERS the *Certification of Medicare Status* form along with a copy of your Medicare card.

- ✓ Change from a CalPERS Basic health plan to a CalPERS Medicare health plan.
  - Your CalPERS Medicare health plan will become effective on your Medicare effective date or the first day of the month following CalPERS receipt of the *Certification of Medicare Status* form, whichever is later.
  - 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.

Enrollment Forms and Supporting Documentation

Getting the Information You Need

You may obtain health benefits forms and publications on the CalPERS website at www.calpers.ca.gov. You may also obtain the health benefit forms and publications you need from your employer or by contacting CalPERS toll free at **888 CalPERS** (or **888**-225-7377).

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

If you are an active employee, submit all enrollment requests and copies of supporting documentation to your health benefits officer.

If you are a Retiree, you can make most changes to your health enrollment when you log into my|CalPERS. The Member Self Service function allows you to change plans during Open Enrollment, add a newly acquired dependent, or delete a dependent for certain qualifying life events. You may also request changes by fax, to (800) 959-6545, by calling **888 CalPERS** (or **888**-225-7377), or by mailing the request with any necessary documentation to:

CalPERS
Health Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715

Required Documentation for Enrollment Change

Enrollment type	Copies of Supporting Documentation *	CalPERS Forms
Active employee – new enrollment	N/A	*Health Benefits Plan Enrollment for Active Employees* form (HBD-12) (active)
Adding a registered domestic partner	Declaration of Domestic Partnership from the California Secretary of State's Office Social Security card ** Medicare card (if applicable)	*Health Benefits Plan Enrollment for Active Employees* form (HBD-12) (active) *Health Benefits Plan Enrollment for Retirees* form (HBD-30)
Adding a spouse	Government issued marriage certificate Social Security card ** Medicare card (if applicable)	*Health Benefits Plan Enrollment for Active Employees* form (HBD-12) (active) *Health Benefits Plan Enrollment for Retirees* form (HBD-30)
Adding a dependent who is in a parent-child relationship (PCR)	Required supporting documentation as indicated on the *Affidavit of Parent-Child Relationship*.	*Affidavit of Parent-Child Relationship* (HBD-40) *Health Benefits Plan Enrollment for Active Employees* (HBD-40) form (active) *Health Benefits Plan Enrollment for Retirees* form (HBD-30)
Adding/deleting a dependent child	Medicare card (if applicable) Reason for add/delete Birth certificate Social Security card **	*Health Benefits Plan Enrollment for Active Employees* form (HBD-12) (active) *Health Benefits Plan Enrollment for Retirees* form (HBD-30)
Changing plans due to address change	Include both old and new addresses	*Health Benefits Plan Enrollment for Active Employees* form (HBD-12) (active) *Health Benefits Plan Enrollment for Retirees* form (HBD-30)
Medicare certification (to validate eligibility, ineligibility, or deferment)	Medicare card (reflecting Parts A and B enrollment) or SSA Notice of Award	*Certification of Medicare Status* form
Death of employee, retiree, or family member	Death certificate	N/A

Enrollment type	Copies of Supporting Documentation *	CalPERS Forms
Deleting a registered domestic partner due to termination of partnership	Termination of Domestic Partnership submitted to the California Secretary of State's Office	*Health Benefits Plan Enrollment for Active Employees* form (HBD-12) (active) *Health Benefits Plan Enrollment for Retirees* form (HBD-30)
Deleting a spouse due to divorce	Divorce Decree	*Health Benefits Plan Enrollment for Active Employees* form (HBD-12) (active) *Health Benefits Plan Enrollment for Retirees* form (HBD-30)
Disabled child over age 26 – certification	N/A	*Member Questionnaire for the CalPERS Disabled Dependent Benefit* form (HBD-98) *Medical Report for the CalPERS Disabled Dependent Benefit* form (HBD-34)
Enrolling self or dependents due to loss of other health coverage	Certificate of Creditable Coverage, or other proof of loss of coverage Medicare card (if applicable) Birth certificate (child) Government issued marriage certificate (spouse) Declaration of Domestic Partnership (domestic partner) Social Security card **	*Health Benefits Plan Enrollment for Active Employees* form (HBD-12) (active) *Health Benefits Plan Enrollment for Retirees* form (HBD-30)
Retiree – new enrollment	Medicare card (if applicable) Government issued marriage certificate (if applicable)	*Health Benefits Plan Enrollment for Retirees* form (HBD-30)
Off-Pay Status – continue coverage Off-Pay Status – cancel coverage	N/A	*Direct Payment Authorization* form (HBD-21) *Health Benefits Plan Enrollment for Active Employees* form (HBD-12) (active)

***Note**: Do not submit original documents as your documentation will not be returned.** If your eligible dependent does not have a Social Security number, they can still be enrolled in CalPERS health benefits. Active members, contact your health benefits officer. Retirees, contact CalPERS.*

Resources

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 the CalPERS website at **www.calpers.ca.gov**. To view your current health plan information, go to my|CalPERS at **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 (877) 249-7442
(for speech and hearing impaired)

By Mail or Fax

CalPERS
Health Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715
Fax (800) 959-6545

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

Contacting Your Health Plan

To obtain up-to-date contact information for the health plans, please refer to the *Health Benefit Summary* or go to the CalPERS website at **www.calpers.ca.gov**. Contact your health plan with questions about: identification cards, verification of provider participation, service area boundaries (covered ZIP Codes), or Individual Conversion Policies. Your plan benefits, deductibles, limitations, and exclusions are outlined in detail in your health plan's Evidence of Coverage booklet. You can obtain the Evidence of Coverage by contacting your health plan directly.

Resolving Problems with Your Health Enrollment

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, and you are an active employee, contact your employer's health benefits officer. If you are a retiree, contact CalPERS. 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
Health Account Services
P.O. Box 942715
Sacramento, CA 94229-2715

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 the Evidence of Coverage booklet.

Appealing a Health Plan's Decision

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

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 Consumer Help Center at (888) 466-2219 or TTY (877) 688-9891 to register your complaint. You also should request assistance through DMHC's website at **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 Health Appeals for assistance.

Members in a Preferred Provider Organization (PPO) Plan 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.

*Members in a Preferred Provider Organization (PPO) Plan*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, which you can obtain from your health plan.

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**, or you can request a copy by calling the DMHC HMO Consumer Help Center at (888) 466-2219.

CalPERS Notice of Agreement for Arbitration

Enrolling in certain health benefit plans 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. Please refer to the health plan's *Evidence of Coverage* for details.

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 process. 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: June 1, 2016.

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 CalPERS privacy (HIPAA) unit at 888 CalPERS (or 888-225-7377) or P.O. Box 942715, Sacramento, CA 94229-2715.

Why We Ask for Information About You

The Information Practices Act of 1977 and the Federal Privacy Act require CalPERS to provide certain information to individuals who are asked to supply information. The information requested is collected pursuant to Government Code (Section 20000, et seq.) and is used for administration of the CalPERS Board's duties under the Public Employees' 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 compliance 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 Privacy (HIPAA) Unit at P.O. Box 942715, Sacramento, CA 94229-2715.

How We Use Your Social Security Number

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

Section 111 of Public Law 101-173 requires group health plans to collect and provide member Social Security numbers for the coordination of federal and state benefits. Furthermore, the CalPERS health program requires each enrollee's Social Security number for identification and verification purposes.

The CalPERS health program 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 complaints, grievances, and appeals with health plans; and
- Uses and disclosures required by the federal Affordable Care Act (ACA), such as reports to employees and the Internal Revenue Service.

HIPAA: How We Safeguard Your Protected Health Information (PHI)

We understand that protected health information ("PHI") about you is personal and CalPERS is committed to safeguarding the PHI in our possession. This notice applies to your PHI under CalPERS health and long-term care programs. The particular group health or long-term care plan in which you are enrolled may have different policies or notices regarding its use and disclosure of your PHI.

The remainder of this notice will tell you about the ways in which we may use and disclose protected health information about you. It also describes your rights and our obligations regarding the use and disclosure of PHI.

PHI is any information created or received by a health care provider or health plan or long-term care plan that relates to your past, present, or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for your health care. However, such information is only PHI if the information identifies you or contains information that can reasonably be used to identify you. Such information is PHI during your lifetime and remains PHI for a period of 50 years after your death.

The Federal HIPAA Privacy Regulations (Title 45, Code of Federal Regulations, Sections 164.500, et seq.) require us to:

- Make sure PHI that identifies you is kept private;
- Provide you with certain rights with respect to your PHI;
- Give you this notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the notice that are currently in effect.

How We May Use And Disclose Your PHI

The following categories describe different ways CalPERS may use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. All of the ways we are permitted to use and disclose information under HIPAA, however, will fall within one of the categories.

- **For Payment.** We may use or disclose your PHI for payment purposes, such as to determine your eligibility for benefits; to facilitate payment for the treatment and services you receive from health care providers; to determine the amount of your benefits; or to coordinate payment of benefits with other health or long-term care coverage you may have.
- **For Health Care Operations.** We may use and disclose PHI about you to operate CalPERS health and long-term care programs. These uses and disclosures of PHI are necessary to run these programs and make sure that all of our enrollees receive quality care. For example, we may use and disclose PHI about you to confirm your eligibility and to enroll you in the health or long-term care plan that you select; to evaluate the performance of the health or long-term care plans in which you are enrolled; or to resolve a complaint, grievance, or appeal with the health plan or long-term care program. We may also combine PHI about many CalPERS health and long-term care benefit enrollees to assist in rate setting or underwriting; to evaluate plan or program performance; to measure quality of care provided; or for similar health care operations.

  In some cases, we may obtain PHI about you from a participating health plan, provider, or third-party administrator for certain health care operations. If the PHI received is from others as part of our health care operations, the uses and disclosures are in compliance with these guidelines. We will, however, never use or disclose your genetic information for underwriting purposes.
- **For Treatment.** We may use or disclose PHI to a health care provider to facilitate medical treatment or services. For example, if your health care provider refers you to a specialist for treatment, we may disclose your PHI to the specialist to whom you have been referred, so the specialist can become familiar with your medical condition, prior diagnoses, treatment, or prognoses. It is more likely, though, that a health care provider would receive your PHI for treatment purposes from another health care provider rather than from us.
- **To Business Associates.** We may contract with third parties known as Business Associates to perform various functions or provide certain services on our behalf. Subcontractors of these third parties may also be our Business Associates in certain cases. For example, the entities who serve as third-party administrators for CalPERS health or long-term care programs are Business Associates. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use, and/or disclose your PHI for plan administration and other permitted purposes, after contractually agreeing to implement appropriate safeguards regarding your PHI. In addition, our Business Associates are required by law to protect PHI and comply with most of the same HIPAA standards that we do.
- **To the Plan Sponsor.** We will disclose your PHI to certain CalPERS employees for the purpose of administering health and long-term care plans. Those authorized employees, however, will only use or disclose your PHI as necessary to perform plan administration functions, or other functions required by HIPAA, unless you have authorized further use and disclosures. Your PHI cannot be used for employment purposes without your specific written authorization.
- **Incidental Uses and Disclosures.** There are certain other incidental uses and disclosures that may result from or in connection with an otherwise permitted use or disclosure, such as a use or disclosure related to providing

services or conducting business. We use all reasonable efforts, however, to limit these uses and disclosures.

- **For Health-Related Benefits and Services.** We may use and disclose your PHI 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.
- **As Required By Law.** We will disclose PHI about you when required to do so by federal, state, and local law or regulation.
- **For Research.** We may use and disclose your PHI for research purposes. However, this use and disclosure requires your prior authorization except in certain limited situations.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI 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.
- **Minimum Necessary Standard.** To the extent possible, when using or disclosing your PHI, or when requesting your PHI from another organization subject to HIPAA, we will not use, disclose, or request more than the minimum amount of your PHI necessary to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological limitations.

  However, the minimum necessary standard will not apply to:
  - Disclosures to or requests by a health care provider for treatment;
  - Uses by you or disclosures to you of your own PHI
  - Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
  - Uses or disclosures that may be required by law;
  - Uses or disclosures that are required to comply with legal regulations; and
  - Uses and disclosures for which we have obtained your authorization.

Special Situations

- **Workers' Compensation.** We may release PHI about you for workers' compensation or similar programs, as authorized by law. These programs provide benefits for work-related injuries or illnesses.
- **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about you to funeral directors as necessary to carry out their duties.
- **Military.** If you are a member of the armed forces, we may disclose PHI about you as required by military command authorities.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for oversight activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure proceedings. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Public Health Activities.** We may disclose PHI to public health or government authorities for public health activities authorized by law. These include, for example, health investigations, health surveillance, and reporting of abuse, neglect, or domestic violence.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if you have been given proper notice and an opportunity to object.
- **Law Enforcement.** We may release your PHI 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 PHI 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 PHI about you to authorized federal or state officials so they may provide protection to the President, other authorized persons, or foreign heads of state.

- **Privacy Rule Investigations.** We may disclose PHI to the Secretary of the U.S. Department of Health and Human Services as required to cooperate with a review of our compliance with the HIPAA Privacy Rule.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

Disclosures to Personal Representatives and Family Members

- **Personal Representatives.** We will disclose your PHI to individuals who are your personal representatives under state law. For example, in most situations, we will disclose PHI of minor children to the parents of such children. We will also disclose your PHI to other persons authorized by you in writing to receive your PHI, such as your representative under a medical power of attorney, so long as we are provided with a written authorization and any supporting documentation (i.e., power of attorney).

  Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:
  - You have been, or may be, subjected to domestic violence, abuse or neglect by such person;
  - Treating such person as your personal representative could endanger you; or
  - In the exercise of our professional judgment, it is not in your best interest to treat the person as your personal representative.
- **Family Members.** Unless otherwise allowed by HIPAA, we will not orally disclose your PHI to your spouse, domestic partner, or parent (if you are an adult child), unless you have agreed to such disclosure. With limited exceptions, however, we will send all mail to the named insured. This includes mail relating to the named insured's family members, including information on the use of benefits and denial of benefits to the named insured's family members. If you have requested restrictions on the use and disclosure of your PHI, and we have agreed to the request, we will send mail as provided by the request. See the "Your Right to Request Restrictions" bullet under the "Your Rights Regarding Your PHI" section for more details.

  Upon your death, we may disclose your PHI to a family member, other relative, or close friend involved in your health care or payment of your health care, prior to your death. This is done to the extent that the PHI is relevant to such person's involvement and such disclosure is not inconsistent with your prior expressed preference known to us.

Rights Regarding Your PHI

You have the following rights regarding the PHI we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy PHI about you that is maintained by CalPERS health and long-term care programs.

  To inspect and copy your PHI, maintained by CalPERS health or long-term care programs, you must submit your request in writing to the Privacy (HIPAA) Unit at P. O. Box 942715, Sacramento, CA 94229-2715. 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.

  If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic format you request, if the information can be readily produced in that format. If the information cannot be readily produced in that electronic format, we will work with you to come to an agreement on another suitable format. If we cannot agree on an electronic format, we will provide you with a paper copy.

  We may deny your request to inspect and copy your PHI, in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. To request a review, you must submit your request in writing to the Privacy (HIPAA) Unit at P.O. Box 942715, Sacramento, CA 94229-2714. 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 the PHI 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 CalPERS health or long-term care programs.

  To request an amendment, you must submit your request in writing to the Privacy (HIPAA) Unit at P. O. Box 942715, Sacramento, CA 94229-2715. 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 PHI kept by or for CalPERS;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

  If we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to the item in your record you believe is incomplete or incorrect. If your written addendum clearly indicates that you want the document to be made part of your health record, we will attach it to your records and include it with any disclosure of the item in question.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made regarding your PHI. The accounting will not include disclosures made for purposes of treatment, payment, or health care operations; disclosures made to you; disclosures made pursuant to a written authorization from you; disclosures made to friends or family in your presence or because of an emergency; disclosures made for national security purposes; and disclosures deemed incidental or otherwise permissible.

  To request an accounting of disclosures, you must submit your request in writing to the Privacy (HIPAA) Unit at P.O. Box 942715, Sacramento, CA 94229-2715. Your request must state a time period, which may not be longer than six years prior to the date of the request. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting of disclosures you request, within a 12-month period, will be free. For additional accountings within a 12-month period, we may charge you for the costs of providing it. 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 PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI 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 except in limited circumstances. We will agree to your request if the PHI pertains solely to a health care item or service for which the health care provider has been paid out of pocket in full. In other instances, we may not agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

  To request restrictions, you must submit your request in writing to the Privacy (HIPAA) Unit at P.O. Box 942715, Sacramento, CA 94229-2715. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply, for example, disclosures to your spouse.

Definition of Terms

Annuitant
A person who has retired within 120 days of separation from employment 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, or a survivor of a deceased employee entitled to special death benefits and survivor allowance under Section 21541, 21546, 21547, or 21547.7 of the Public Employees' Retirement Law, or similar provisions of any other state retirement system.

CalPERS Basic Health Plan
A CalPERS 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 provides health benefits coverage to members who are over age 65, retired, and are enrolled in Medicare Parts A and B with the Social Security Administration (SSA).

For active employees and their dependents of any age, federal law limits enrollment in a CalPERS Medicare health plan to those diagnosed with Amyotrophic Lateral Sclerosis (ALS) or End-Stage Renal Disease (ESRD) who have completed any applicable coordination periods with SSA.

The Consolidated Omnibus Budget Reconciliation Act (COBRA)
The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986 provides for continuation of group health coverage that otherwise might be terminated. COBRA provides certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage is only available when coverage is lost due to certain events.

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 service 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.

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.

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.

Non-Participating Provider
Non-preferred providers that have not contracted with the health plan.

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 that participates in a preferred provider network. You will pay less to visit 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 (also referred to by some health plans as "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 (nervous system), 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.

CalPERS Health Benefits Program
P.O. Box 942715
Sacramento, CA 94229-2715
888 CalPERS (or 888-225-7377)
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HBD-120
Produced by CalPERS
Communications and Stakeholder Relations
Office of Public Affairs
August 2019.8.1