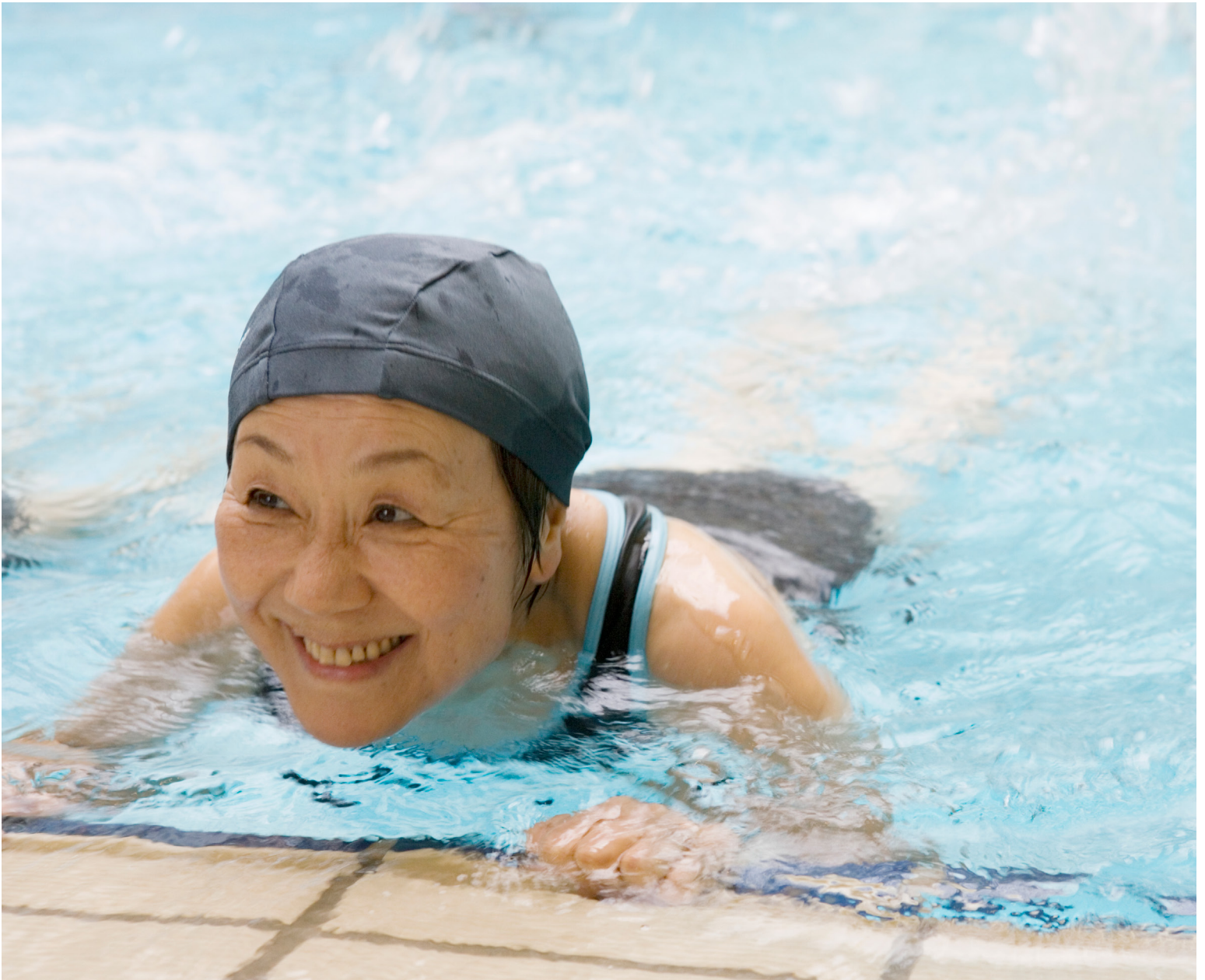


Medicare Enrollment Guide

A practical guide to understanding how CalPERS and Medicare work together



Information as of August 2023



About CalPERS

The CalPERS Health Benefits Program is a nationally recognized leader in the health care industry. We put our expertise and influence to work to help us deliver quality, affordable health care for our members and employers.

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 1.5 million public employees, retirees, and their families. At CalPERS, we understand that making decisions about your health care can be a complex and important process. We designed this publication to help you understand how your Medicare benefits work with your CalPERS health benefits.

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

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)

The CalPERS Board of Administration annually determines health plan availability, covered benefits, health premiums, and copayments.

Whether you are working or retired, your employer or former employer makes monthly contributions toward your health premiums. 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.

About This Publication

The *CalPERS Medicare Enrollment Guide* provides information about how Medicare works with your CalPERS health benefits (See pages 2–4 for a description of the different parts of Medicare). For eligibility information and an explanation of when you need to enroll in a CalPERS Medicare health benefits plan, see page 5 .

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

- **Health Program Guide:** Describes Basic and Medicare health benefits plan eligibility, enrollment, and choices
- **Health Benefit Summary:** Provides valuable information to help you make an informed

choice about your health plan; compares benefits, covered services, and copayment information for all CalPERS health plans

If there are any inconsistencies between the CalPERS Medicare Enrollment Guide and the provisions of the Public Employees' Medical Hospital Care Act (PEMHCA) or federal law, the provisions of PEMHCA or federal law will apply.

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

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Where to Get Help With Your Health Benefits Enrollment

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 myCalPERS 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**).

If you are working, contact your employer's 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. With your health benefits officer's approval, you may also make changes online through myCalPERS at **my.calpers.ca.gov**.

Understanding Medicare

Medicare is a federal health insurance program for individuals:

- Age 65 and older
- Under age 65 with certain Social Security qualified disabilities
- With End-Stage Renal Disease (ESRD)
- With Amyotrophic Lateral Sclerosis (ALS, or Lou Gehrig's Disease)

The Social Security Administration (SSA) is the federal agency responsible for Medicare eligibility determination, enrollment, and premiums. For more information about Medicare benefits, premiums, enrollment, and eligibility issues, 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 *Medicare & You*, a handbook that provides general information about 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.

The following section provides basic information about the parts of Medicare, which will help you understand eligibility guidelines and enrollment in your CalPERS health plan.

Medicare Part A (Hospital)

Medicare Part A is hospital insurance that helps pay for inpatient hospital stays, skilled nursing facilities, hospice care, and some home health care.

You or your dependents may become eligible for premium-free Medicare Part A in one of the following ways:

- If you are age 65 or older and you have worked for at least 10 years (40 quarters) in Social Security/Medicare-covered employment.
- Through the work history of a current, former, or deceased spouse.
- If you have ESRD, ALS, or a Social Security-qualified disability and meet certain SSA requirements.

Important! CalPERS requires you to enroll in Medicare Part A only if you are eligible for premium-free Medicare Part A. If you are not eligible for premium-free Medicare

Part A through your own work history, you may be eligible for premium-free Medicare Part A through the work history of a spouse who became eligible prior to turning age 65 (eligibility may be determined through a current, former, or deceased spouse).

Medicare Enrollment Periods

The SSA has specific deadlines for enrolling in Medicare. For details, please refer to the *Medicare & You* handbook published by the CMS and available at www.medicare.gov.

For additional information you can contact the SSA toll free at (800) 772-1213 or TTY (800) 325-0778, or visit their website at www.ssa.gov.

Medicare Part B (Medical)

Medicare Part B is medical insurance that helps pay for outpatient health care expenses, including doctor visits.

Part B Enrollment

If you are enrolled in a CalPERS Medicare health benefits plan, you must pay for and maintain enrollment in Medicare Part B to remain enrolled in the CalPERS health program.

Important notes about Medicare Part B:

- When you and/or your dependent are eligible to enroll in Medicare Part B, contact the SSA:
 - Prior to your 65th birth month, or
 - If you are under age 65 and have ESRD, ALS, or an SSA-qualified disability.
- If you are retired and you and/or your dependent are eligible for premium-free Medicare Part A, you and/or your dependent must enroll in Medicare Part A and Part B and transfer to a CalPERS Medicare health benefits plan to continue your CalPERS health coverage.
- If you do not enroll in Medicare Part B when you are first eligible, you may have to wait until the next enrollment period. You may be subject to a federal late enrollment penalty and your premium paid to the SSA may be higher. You may experience a lapse in your CalPERS health coverage.
- If the CMS disenrolls you from Part B for nonpayment of the Part B premium, your enrollment in the CalPERS Medicare health benefits plan will be cancelled. To enroll in Part B, you may have to wait until the SSA's next enrollment period, which may delay your reinstatement in a CalPERS Medicare health benefits plan. The SSA will determine your Part B effective date. In the meantime, you may not be enrolled in a CalPERS Basic health benefits plan.

Part B Premium

Each fall the CMS announces the Medicare Part B premium for the following year. The monthly Medicare Part B premium must be paid to the SSA to remain enrolled in Part B. The SSA bases your Part B premium on your annual income.

The SSA determines a standard Part B premium amount; however, if your income exceeds established thresholds, the SSA adjusts the standard Medicare Part B premium by an income-related monthly adjustment amount (IRMAA).

If you receive SSA benefits, the Part B premium will be deducted from your SSA benefits; otherwise, the SSA will bill you quarterly.

If you do not qualify for premium-free Medicare Part A but qualify for Medicare Part B, you may be able to enroll in a Kaiser Permanente Senior Advantage (KPSA) plan. KPSA is the only Medicare Advantage plan offered by CalPERS in which members without premium-free Medicare Part A but with Medicare Part B can enroll.

Medicare Advantage Plans (Medicare Part C)

Medicare Advantage, also referred to as Medicare Part C, is a CMS-approved health coverage option that is provided by private insurance under contract with the CMS. Medicare Advantage plans include Part A (Hospital Insurance) and Part B* (Medical Insurance). Some Medicare Advantage plans also include Part D (Pharmacy).

The CMS must approve your enrollment into a CalPERS Medicare Advantage plan. If the CMS disenrolls or rejects your CalPERS Medicare Advantage plan enrollment, your CalPERS health coverage may be cancelled.

CMS requirements include the following:

- You must be enrolled in Part A and Part B*
- You must be eligible for Part D
- You must provide a residential address
- You must reside in the Medicare Advantage plans service area
- You must only be enrolled in one Medicare Advantage plan at a time

Note: *Kaiser members not eligible for premium-free Part A may enroll only in Part B and may still be eligible to enroll in a Kaiser Permanente Senior Advantage plan.*

Medicare Part D (Prescription Drug)

Medicare Part D is a voluntary federal outpatient prescription drug benefit available to everyone with Medicare. The Medicare Part D premium is paid to your health carrier as part of the CalPERS health premium. As with Medicare Part B, if your income exceeds established thresholds, the SSA will assess an additional amount that must be paid to the SSA. Payment of this amount is mandatory to protect your Medicare enrollment and eligibility to remain enrolled in a CalPERS Medicare health benefits plan.

If you are receiving SSA benefits, the additional premium will be deducted from your Social Security benefits. If not, you will be billed quarterly by the SSA.

Important! *To be enrolled in a CalPERS Medicare health benefits plan, you cannot be enrolled in a non-CalPERS Medicare Part D plan. You may only be enrolled in one Medicare Part D plan at a time.*

Do Not Enroll in a non-CalPERS Medicare Part D Plan

Your CalPERS coverage includes enrollment in a Medicare Part D Plan. If you or your dependents are covered by CalPERS and another health plan that includes Medicare Part D prescription drug benefits, you must cancel that Part D coverage to enroll in or continue enrollment in a CalPERS Medicare health benefits plan.

When to Enroll in a CalPERS Medicare Health Benefits Plan

If you and/or your dependent are over age 65, retired, and eligible for premium-free Medicare Part A and premium-based Medicare Part B, CalPERS requires you to enroll in both Part A and Part B, and then transfer into a CalPERS Medicare health

benefits plan to continue CalPERS health coverage. Please see Government Code section 22844 and its implementing regulations (2 California Code of Regulations section 599.517) for more information.

Eligibility Guidelines for CalPERS Medicare Health Benefits Plans

If you are currently enrolled in a CalPERS Basic health benefits plan, you and/or your dependents are eligible to enroll in a CalPERS Medicare health benefits plan under any of the following circumstances:

- You are age 65 or older, retired, and eligible for premium-free Medicare Part A in your own right or through the work history of a current, former, or deceased spouse (you must enroll and pay for Medicare Part B).
- You are under age 65, retired, and eligible for premium-free Medicare Part A in your own right or through the work history of a current, former, or deceased spouse (you must enroll and pay for Medicare Part B).
- You and/or your dependents are any age and working status, have End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS), and have completed any applicable coordination periods with the SSA.

- You are retired and you and/or your dependents have a Social Security-qualified disability.
- You are retired from a California State Teachers' Retirement System (CalSTRS) employer and are eligible for the CalSTRS Medicare Premium Payment Program. For more details, see page 8 of this booklet, visit www.calstrs.com, or call CalSTRS toll free at (800) 228-5453.

Note: *If you and/or your dependent(s) choose to enroll in a CalPERS Medicare health plan, you and/or your dependent(s) will not be permitted to change your enrollment to a CalPERS Basic health plan unless your and/or your dependent's(s') Medicare benefits are involuntarily terminated or you and/or your dependent(s) move, other than temporarily, out of the United States as defined in the federal Social Security Act.*

Requirements to Continue CalPERS Health Coverage at Age 65 and Over

You will receive a notification from CalPERS four months prior to the month you or your dependent turns 65. This notification informs you of CalPERS requirements to continue your health coverage, Medicare Enrollment and Eligibility Information, Medicare Plan Options, and an **Ineligibility of Medicare Certification** form. If you are eligible for premium-free Medicare Part A, you must enroll in

Medicare Part A and Part B and transfer to a CalPERS Medicare health benefits plan.

The SSA allows you to enroll in Medicare Part A and Part B three months prior to your 65th birth month. By enrolling in Medicare Part A and Part B prior to your 65th birth month, CalPERS will work with the CMS to obtain your Medicare information and automatically transfer you to a CalPERS Medicare health benefits plan.

If you are ineligible for premium-free Medicare Part A or if you are deferring enrollment in Medicare Part B, you must complete the **Ineligibility of Medicare Certification** form. To continue your health coverage, the form must be submitted to CalPERS with copies of supporting documentation prior to your 65th birth month to prevent cancellation of your CalPERS health coverage.

If CalPERS is unable to obtain your Medicare information from the CMS and cannot automatically enroll you in a CalPERS Medicare health benefits plan or if you have not returned an **Ineligibility of Medicare Certification** form, you will receive a notification of cancellation enclosed with a **Certification of Medicare Status** form. CalPERS requires that you complete this form and provide supporting documentation to continue your CalPERS health coverage.

The **Certification of Medicare Status** form must be received by CalPERS with documentation certifying one of the following choices:

- Enrollment in Medicare Part A and Part B [submit a copy of your Medicare card or SSA documentation that includes your Medicare Beneficiary Identifier (MBI)]
- Ineligible for Medicare in your own right and not eligible through the work history of a current, former, or deceased spouse (must submit SSA documentation)
- Deferred enrollment in Medicare Part B due to your or your spouse's employment [must submit proof of enrollment in an active Employer Group Health Plan (EGHP) through current employer]

To ensure timely processing of documents mailed to CalPERS, please note your CalPERS Identification number (CID) number on all pages submitted.

If you are retired, turning age 65, and you do not complete and return the **Certification of Medicare Status** form as instructed above, you will receive a notice of cancellation informing you that health coverage for yourself and all enrolled dependents will be automatically cancelled the first day of the month after you turn 65.

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

Important! Your CalPERS Medicare health benefits plan will become effective on your Medicare effective date as determined by the SSA or the first day of the month following CalPERS receipt of the **Certification of Medicare Status** form, whichever is later.

Ineligibility for Medicare

If you are ineligible for premium-free Medicare Part A, you must complete and return the **Ineligibility of Medicare Certification** form or the **Certification of Medicare Status** form with the reason for your ineligibility:

- Do not have 40 quarters in Social Security/Medicare-covered employment
- Do not qualify through the work history of a current, former, or deceased spouse

The reason for your ineligibility must include supporting documentation from the SSA such as a copy of the Social Security statement or letter from the SSA indicating that you are not eligible for Medicare based on your work record and/or the work history of a current, former, or deceased spouse.

Once this information is received and confirmed by CalPERS, you may remain in a CalPERS Basic health benefits plan.

If you later qualify for Medicare Part A at no cost, you must enroll in Medicare Part B and in a CalPERS Medicare health benefits plan. If you are a CalSTRS retiree and need to determine your eligibility for their Medicare Premium Payment Program, contact CalSTRS toll free at (800) 228-5453.

Note: *If you are not currently eligible for premium-free Medicare Part A in your own right, you may be eligible for it when your spouse turns 62. To find out if you are eligible through a spouse, contact the SSA at (800) 772-1213 or TTY (800) 325-0778, or visit their website at www.ssa.gov.*

If you become eligible and delay enrollment, you may be subject to a federal late enrollment penalty.

Deferred Enrollment in Medicare Part B

You or your spouse can defer enrollment in Medicare Part B if either of the following apply:

- You are still working and enrolled in an active EGHP
- Your spouse is still working and you are covered under his or her active EGHP

If you are working or retired and plan on deferring

enrollment in Medicare Part B you must contact the SSA to inform them first. After completing this step, you must complete and return the ***Ineligibility of Medicare Certification*** form or the ***Certification of Medicare Status*** form with supporting documentation showing proof of enrollment in an active EGHP through the current employer. Once this information is received and approved by CalPERS, you may remain in a CalPERS Basic health benefits plan until retirement or until you lose your active coverage in the EGHP.

Note: *The option to defer your enrollment in Part B does not apply to workers in the California State University (CSU) System Faculty Early Retirement Program (FERP). If you are working under a FERP contract and are eligible for premium-free Medicare Part A, you must enroll in Medicare to retain your CalPERS health coverage.*

Cancellation of CalPERS Health Coverage

Your action is necessary to ensure a successful transition from a CalPERS Basic health benefits plan to a CalPERS Medicare health benefits plan. Carefully review and follow instructions provided in the letter received from CalPERS four months prior to your 65th birth month. CalPERS is unable to keep members enrolled in a CalPERS Basic health benefits plan for the following reasons:

- You are Medicare eligible and you did not enroll in Medicare Part A and/or Part B
- You did not provide proof of Medicare ineligibility; or
- You did not notify CalPERS of Medicare Part B deferment due to having EGHP through active employment

If your health plan coverage is terminated, you

may request re-enrollment through the request for administrative review process within 90 days of the date the coverage is cancelled by writing to:

CalPERS Health Account Management Division
Medicare Administration
P.O. Box 942715
Sacramento, CA 94229-2715
The request for administrative review must state

the grounds on which it is requested, the relief that is sought, and include any supporting evidence.

You will receive a determination within 60 days of CalPERS' receipt of all pertinent information informing you if your coverage will be reinstated. If your coverage is not reinstated, you may re-enroll during CalPERS annual Open Enrollment period by providing a completed **Certification of Medicare Status** form with the required supporting documentation.

Enrolling in a CalPERS Medicare Health Benefits Plan

- ✓ Apply for Medicare Parts A and B three months before you turn 65 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.
- ✓ CalPERS will work with the CMS to obtain your Medicare information and automatically transfer you to a CalPERS Medicare health benefits 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 your Medicare information, whichever is later.
 - You may request a change in health plans within 60 days of enrollment in a Medicare health benefits plan.
 - To find CalPERS health plans available in your area, utilize the Health Plan Search by Zip Code tool on the CalPERS website.
- ✓ 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 as part of a Combination Plan. A Combination Plan means that at least one family member is enrolled in a Medicare health plan and at least one family member is enrolled in a Basic health plan through the same health carrier. CalPERS requires all family members to have the same health carrier.

Note for CalSTRS Retirees

If you do not qualify for premium-free Medicare Part A, please contact CalSTRS about their Medicare Premium Payment Program to determine if you can obtain Medicare Part A at no cost. To determine your eligibility for this program, visit www.calstrs.com, or call (800) 228-5453.

Moving

Contact your health plan and CalPERS if you move. Medicare health benefits plans have specific rules associated with changing health plans due to a move. Notifying CalPERS of your change of address and inquiring about potential health plan changes will allow for a smooth transition of your health coverage. As a retiree, you may update your address online through myCalPERS at my.calpers.ca.gov.

CalPERS Medicare Health Benefits Plan Enrollment Exceptions

You may be ineligible to enroll in a CalPERS Medicare health benefits plan due to Medicare exemption reasons. The following are examples of circumstances that may allow you to remain enrolled in a CalPERS Basic health benefits plan:

- Neither you nor your spouse qualifies for premium-free Medicare Part A.
- You or your spouse works past age 65 and are enrolled in an active EGHP through your or your spouse's non-CalPERS employment and have deferred your or your spouse's enrollment in Medicare Part B.
- You were eligible for Medicare Part A and Part B before January 1, 1998, but you did not enroll in Part B.
- You retired from the California State University (CSU) system and qualified for Medicare Part A and Part B before January 1, 2001, but you did not

enroll in Part B. This does not apply to participants in the CSU system's FERP.

- You were eligible for Medicare because of a disability, but the SSA determined you are no longer disabled and you no longer qualify for premium-free Medicare Part A.
- You moved permanently outside of the United States.

Return the *Ineligibility of Medicare Certification* Form or the *Certification of Medicare Status* Form

If you do not return the proper documentation prior to the last day of the month you turn 65 your CalPERS health coverage will automatically be cancelled the first day of the month following your 65th birthday.

Continuing to Work After Retirement

If you are working after retiring from CalPERS covered employment, your health plan options depend upon whether you and/or your spouse are covered by an active EGHP.

You Are Not Enrolled in An Active Employer Group Health Plan

If you are working after retirement and not enrolled in an active EGHP (your own or your spouse's), you may continue your CalPERS health coverage by certifying your Medicare status. If eligible for Medicare, you must enroll in Medicare and transfer into a CalPERS Medicare health benefits plan. If you are ineligible for Medicare, you must provide documents supporting your ineligibility.

You Are Enrolled in An Active Employer Group Health Plan

If you are working after retirement and are enrolled in Medicare Part A and Part B, CalPERS will transfer

your health plan enrollment from a CalPERS Basic health benefits plan to a CalPERS Medicare health benefits plan. CalPERS is unable to maintain your enrollment in a CalPERS Basic health benefits plan if you are enrolled in Part A and Part B with the SSA.

If you or your spouse are working and enrolled in an active EGHP through current employment, you may remain in a CalPERS Basic health benefits plan if you contact the SSA and defer enrollment in Medicare Part B.

When you retire or lose coverage through the active EGHP, immediately enroll in Medicare Part B and contact CalPERS to transition into a CalPERS Medicare health benefits plan.

If you are ineligible for Medicare, you must provide documents supporting your ineligibility.

Medicare Enrollment (Under Age 65)

Enrollment in a CalPERS Medicare health benefits plan prior to age 65 is voluntary. If a member or a dependent is enrolled in Medicare Parts A and B, they may be eligible to enroll in a CalPERS Medicare health benefits plan. If the member is retired, they may provide their and/or their dependents Medicare Part A and Part B information to CalPERS by submitting a copy of their Medicare card and elect to transfer to a CalPERS Medicare health benefits plan. Enrollment into a CalPERS Medicare health benefits plan will be processed and effective the first of the month following receipt of all necessary documentation. For active employees and their dependents, federal law limits enrollment

into a CalPERS Medicare health benefits plan to those diagnosed with Amyotrophic Lateral Sclerosis (ALS) or End-Stage Renal Disease (ESRD) that have completed any applicable coordination periods.

If you or your dependent(s) choose to enroll in a CalPERS Medicare health benefits plan, you or your dependent(s) will not be permitted to change your enrollment to a CalPERS Basic health benefits plan unless your or your dependent's Medicare benefits are involuntarily terminated or you or your dependent(s) move, other than temporarily, out of the United States as defined in the federal Social Security Act.

CalPERS Medicare Health Benefits Plan Options

CalPERS offers several Medicare health benefits plans. When you retire, become Medicare eligible, and enroll in Medicare Part A and Part B, CalPERS will enroll you in a CalPERS Medicare health benefits plan of your choice that is available to you. If you do not choose a new health plan, CalPERS will automatically transfer you into a CalPERS Medicare health benefits plan.

Your current CalPERS Basic health benefits plan may not offer a CalPERS sponsored Medicare health benefits plan, therefore a health plan change is required. There are three types of Medicare plans available:

- A Medicare Advantage (MA) Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the plan. You pay copayments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.
- A MA Preferred Provider Organization (PPO) allows you access to all providers in the U.S. that accept Medicare. You pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. If you use doctors, hospitals, and providers outside of the network you may do so at an additional cost to you.
- A PPO Supplement plan is similar to a traditional "fee-for-service" plan, but you must use doctors in the PPO provider network or pay higher co-insurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You're responsible for a certain co-insurance amount and the plan pays the balance up to the allowable amount.

Combination Enrollments

A combination enrollment means at least one family member is enrolled in a CalPERS Medicare health benefits plan and at least one family member is enrolled in a CalPERS Basic health benefits plan. CalPERS requires that all covered family members are enrolled with the same health carrier.

Note: *If a Medicare eligible member enrolls in a CalPERS Medicare health benefits plan, it may require a change in the health carrier which may impact family members enrolled in a Basic health benefits plan.*

For more information on transitioning to a Medicare health plan and Combination plans, visit www.calpers.ca.gov.

Compare Benefits Between Health Plans

CalPERS PPO Health Plans

CalPERS offers PPO Medicare Supplemental plans. Most benefits in these plans are Medicare-approved services with Medicare payment supplemented by the plan. However, the plans provide coverage for some benefits not covered by Medicare (e.g., acupuncture). Furthermore, the plans also provide coverage for medically necessary services and supplies when benefits under Medicare are exhausted or when charges for certain services and supplies exceed amounts covered by Medicare. To learn more about each individual plan's coverage, review the plan's **Evidence of Coverage** booklet.

CalPERS Medicare Advantage Health Plans

CalPERS offers multiple Medicare Advantage plans that cover all Medicare Parts A and B benefits as well as Part D prescription drug benefit. Additional benefits beyond those covered under the original Medicare program include acupuncture, chiropractic, and

hearing aid services. Additional benefits vary by plan. To learn more about each individual plan's coverage, review the plan's **Evidence of Coverage** booklet.

To compare benefits between health plans, refer to the **Health Benefit Summary** available at the CalPERS website at www.calpers.ca.gov. You can also check the availability of health plans in a specific ZIP code on the CalPERS website at www.calpers.ca.gov, through myCalPERS at my.calpers.ca.gov, or by calling CalPERS toll free at **888 CalPERS** (or **888-225-7377**).

You may make changes to your health plan in any of the following ways:

- Through myCalPERS at my.calpers.ca.gov
- By completing a Health Benefits Plan Enrollment form and mailing it to CalPERS at P.O. Box 942715, Sacramento, CA, 94229-2715 or faxing it to (800) 959-6545
- By calling CalPERS toll free at **888 CalPERS** (or **888-225-7377**)

Medicare Advantage HMO Plan

With a Medicare Advantage HMO plan, you work closely with your Primary Care Physician (PCP) to get the care you need. You pay no additional costs, other than applicable copayments, when you receive services from the plan's network of providers. If you go to out-of-network doctors or hospitals, you will have to pay for all services (except for emergency or out-of-area urgent care services). Medicare Advantage HMO plans must submit your enrollment to the CMS for approval. These plans are approved by the CMS and receive monthly payment directly from the CMS to provide your Medicare benefits.

Medicare Advantage HMO Requirements

Medicare Advantage HMO plans may be geographically restricted. You must reside within the health plan's service area. When enrolling in these plans, you must provide your residential address to enroll.

Medicare Advantage PPO Plan

Medicare Advantage Preferred Provider Organization (PPO) Plans includes Medicare health benefits in all 58 counties in California, as well as all the U.S., and five U.S. territories. With a Medicare Advantage PPO Plan, you do not need to select a PCP or obtain referrals to see specialists. Members have access to a network of health care providers known as preferred providers. This type of plan allows you the option of seeing non-preferred providers but may require you to pay a higher percentage of the health care bill.

Providers are limited on the amount they can charge you for services. Your health plan will cover the same share of cost in and out of the network as long as the provider participates in Medicare.

These plans are available only to individuals who live in plan service areas. To remain a member of a plan, you must continue to reside in the plan service area. The Medicare Advantage PPO plan must submit your enrollment to the CMS for approval.

PPO Supplement to Medicare Plans

PPO Supplement to Medicare plans include Medicare health benefits in all 58 counties in California, as well as out-of-state. With a PPO Supplement to Medicare plan, you do not need to select a PCP or obtain referrals to see specialists. Members have access to a network of health care providers known as preferred providers. This type of plan allows you the option of seeing non-preferred providers but will require you to pay a higher percentage of your health care bill. Providers are limited on the amount they can charge you for services. 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. In most cases, your provider, Medicare, and the health plan will coordinate claim payments. If any of your

providers do not accept Medicare payments directly, you will pay a larger portion of your health care bills. You can find out if you will have to pay more by asking your providers if they accept Medicare direct payment. This means that the provider accepts the Medicare limits on fees for services and will not charge more than those limits. If the provider accepts these limits, you will not be responsible for excess charges. If the provider does not accept the limits, you must pay for any part of the health care bill that your plan does not cover.

Important! *If you choose to get care from a provider who does not participate in the Medicare program, Medicare and your plan will not pay for the services and supplies provided by that provider. You will have to pay whatever the provider charges you for their services.*

Benefits Beyond Medicare

The benefits provided by CalPERS Medicare health benefits plans are Medicare-approved services. In addition, most plans provide coverage for some benefits not covered by Medicare (e.g., acupuncture and chiropractic). Furthermore, the plans also provide coverage for medically necessary services and

supplies when benefits under Medicare are exhausted or when charges for certain services and supplies exceed amounts covered by Medicare. These benefits vary by plan. To learn more about each individual plan's coverage, review the plan's **Evidence of Coverage** booklet.

CalPERS Health Plans and Medicare Part D

CalPERS participates in the Employer Group Waiver Plan (EGWP). EGWPs are Prescription Drug Plans governed by the CMS.

If you are a Medicare-eligible subscriber or dependent, you are automatically enrolled into EGWP unless you decline coverage. Your residential address is required to complete the automatic enrollment process. The CMS does not permit a post office box as a permanent address.

Once CalPERS processes your enrollment into a Medicare health benefits plan, the enrollment request is electronically sent to the health carrier for processing. The Medicare Advantage plans and the Supplement to Medicare plan's Part D prescription drug plan submit your enrollment request

electronically to the CMS for approval. The Medicare health benefits plan allows an opt-out period in which you can decline coverage. If you choose to opt-out of coverage:

- You may lose your CalPERS sponsored health coverage if you enroll in another Medicare Part D plan outside of CalPERS
- You may experience claim issues that result in out-of-pocket expenses
- You may owe a Medicare late enrollment penalty assessed by the CMS

Please contact CalPERS immediately if you mistakenly declined coverage and would like to continue your CalPERS health coverage.

COBRA Continuation Coverage

If you lose your CalPERS health coverage due to certain qualifying events, the Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage allows you to continue health coverage for yourself and/or your dependents. Following are some guidelines regarding COBRA and Medicare:

- If Medicare eligible prior to electing COBRA, health coverage through COBRA may continue.

- If Medicare eligible after COBRA election, the health plan can cancel COBRA enrollment.
- If you are a family member, you may continue your COBRA Basic coverage for whatever time remains on your COBRA eligibility, or until you become Medicare eligible.

Health Coverage if You Travel or Reside Outside the United States

Traveling

If you travel outside of your health plan service area, contact your health plan to determine available coverage. You should be aware that Medicare generally does not provide coverage for health care services obtained outside the United States. You may also contact the CMS to obtain information about your health coverage options while traveling outside the United States.

Residing Outside the United States

If you are retired and permanently reside outside the United States, you may enroll in one of the CalPERS PPO Basic health benefits plans that provides coverage outside the United States. Contact CalPERS for information about which plans provide such coverage.

Note: Medicare does not provide coverage for health care services obtained outside the United States.

To ensure continued health care coverage if you return to the United States, you may maintain your Medicare Part B enrollment. If you choose to cancel your Medicare Part B, you may have a penalty assessed on your Medicare Part B premium when you re-enroll with the SSA. You may also have a disruption of coverage with your CalPERS insurance.

To re-enroll in a CalPERS Medicare health benefits plan when you re-establish permanent residence in

the United States, provide CalPERS the following:

- Proof of current Medicare Part B enrollment
- Change of address information for your new United States address

To re-enroll in Medicare Part B, contact the SSA at (800) 772-1213 or TTY (800) 325-0778, or visit their website at www.ssa.gov. You may also contact the CMS toll free at (800) 633-4227 or visit their website at www.medicare.gov.

Changing Your CalPERS Medicare Health Benefits Plan

You may request a change in health plans at the following times:

- During CalPERS Open Enrollment period
- Within 60 days of the following events:
 - Your retirement
 - Enrollment in Medicare by you or your dependents
 - Change in your residential address or a move to a new health plan service area

CalPERS Open Enrollment is held annually during the fall. You may enroll in a health plan, change health plans, or add/delete eligible dependents during Open Enrollment, online through myCalPERS at my.calpers.ca.gov. Plan changes you make during Open Enrollment take effect January 1 of the following year.

Changing from a Medicare Plan to a Basic Plan

If you or your dependents are in a CalPERS Medicare health benefits plan, you may only change back to a CalPERS Basic plan if:

- You permanently move outside the United States
- You return to work and are enrolled in an active employer group health plan

Note: *If your Medicare benefits are canceled due to non-payment or by your request, you may not change back to a CalPERS Basic health benefits plan.*

Medicare Part B Reimbursement for State and CSU Retirees

State and California State University (CSU) retirees and their dependents enrolled in a CalPERS Medicare health benefits plan may be eligible for a reimbursement of all or part of their Medicare Part B premium (some exceptions apply based on Bargaining Unit and first hire date).

Pursuant to the Public Employees' Medical and Hospital Care Act (PEMHCA) section 22879, the following bargaining units with a first state hired date are not eligible for Part B premium reimbursement:

- Bargaining Units 9, 10, and related employees — January 1, 2016
- Bargaining Units 1, 2, 3, 4, 6, 7, 8, 11, 12, 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
- Bargaining Unit 5 and related employees — January 1, 2020

If you or your dependents are eligible for Medicare Part B reimbursement, CalPERS will automatically reimburse the eligible amount of the standard Medicare Part B premium, beginning the date of your enrollment into a CalPERS Medicare health benefits plan. Your reimbursement will be listed on your warrant as "Medicare Reimbursement."

What if I pay more than the standard Medicare Part B premium?

Each year, the CMS announces the Medicare Part B premium amount. CalPERS sets the standard Medicare Part B premium reimbursement amount on January 1 of each year based on the amount determined by the CMS. According to the CMS, most Medicare beneficiaries will pay the standard Medicare Part B premium amount.

However, if your Modified Adjusted Gross Income (MAGI) as reported on your IRS tax return is above the set threshold established by the CMS, you will

pay the standard Medicare Part B premium amount plus an additional Income-Related Monthly Adjustment Amount (IRMAA). If you are required to pay an IRMAA, you will receive a notice from the SSA advising you of your Medicare Part B premium cost for the following calendar year, and how the cost is calculated.

Each fall, CalPERS mails letters to members currently receiving an IRMAA adjustment detailing the standard Medicare Part B premium for the following calendar year and provide instruction for requesting additional Medicare Part B reimbursement.

If you or your dependents are paying an increased Part B premium (IRMAA) due to your income level and would like to request additional Medicare Part B reimbursement, submit a copy of your entire SSA notice showing the IRMAA determination, increased Part B premium, tax filing status, and modified adjusted gross income to CalPERS. Processing time for IRMAA documents is up to 60 calendar days.

Request Reimbursement Using Secure Upload

To ensure secure and timely processing, upload your or your dependent's SSA notice online by logging into your myCalPERS account at my.calpers.ca.gov.

If you or your dependents submit your documents via mail, please include the cover letter attached to the CalPERS IRMAA letter. Each cover letter is uniquely barcoded, which associates documents directly to the member's account. You may print a duplicate cover letter by logging in to your myCalPERS account. If you are unable to print a duplicate cover letter, please write your CalPERS Identification Number on your notice before sending a copy to CalPERS.

Members may mail their SSA notice to:

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

What is my Maximum Eligible Medicare Part B Reimbursement?

Under California law, the allowable Medicare Part B reimbursement is limited to the difference between your employer contribution and the cost of your health plan's premium, up to the amount of your Medicare Part B premiums.

| | | | |
|-----------------------------------------------------|---|---------------------|---|
| *Employer Contribution | - | Health Plan Premium | = |
| Maximum Allowable for Medicare Part B reimbursement | | | |

* Employer contribution rates may vary depending on your health vesting, party rate, and bargaining unit.

Important! If you are no longer paying a Part B premium to the SSA, contact CalPERS immediately to stop the Part B reimbursement. If you receive a Part B reimbursement from CalPERS for coverage periods that you did not pay Part B premiums to the SSA, you will be required to reimburse CalPERS.

The following scenarios illustrate how reimbursements are calculated:

Scenario 1: Standard Part B Reimbursement

Step 1: Maria's income does not exceed the Medicare income thresholds established by the CMS and she is enrolled in a CalPERS Medicare health plan and has no dependents. Her employer contribution is \$550 per month, and her health plan premium is \$350 per month. After her health plan premium is paid, Maria has \$200 of her employer contribution remaining to apply to her Medicare Part B premium (\$550 - \$350 = \$200). The amount of her Part B premium reimbursement is limited to \$200 and cannot exceed the amount she pays for her Medicare Part B premiums.

| | | | |
|---------------------------------------------------------------------|---|-------------------------------------|---|
| *Employer Contribution \$550 | - | Health Plan Premium \$350 | = |
| Maximum Allowable for Medicare Part B reimbursement \$200 | | | |

Step 2: If the minimum standard Medicare Part B premium rate is \$148.50, then Maria would be reimbursed \$148.50 monthly. The reimbursed amount cannot exceed the standard premium.

Scenario 2: Additional Reimbursement

If Maria's income exceeds Medicare income thresholds established by the CMS, her Medicare Part B premium will be higher than the standard Part B premium rate due to IRMAA. Maria could request additional income-related Medicare Part B premium reimbursement by submitting a copy of her SSA notice to CalPERS.

| | |
|-------------|---------------------------------------------------------------------|
| If | Maximum allowable for Medicare Part B reimbursement \$200 |
| and | Standard Part B premium \$148.50 |
| then | Medicare Part B reimbursement \$148.50 |

Keep in mind, her total reimbursement cannot exceed the difference between her employer contribution and the cost of her health plan's premium. For instance, if Maria paid an IRMAA of \$216.70, that would make her total monthly Part B premium \$365.20 (\$148.50 standard rate + \$216.70 IRMAA). However, because her maximum allowable amount for Medicare Part B reimbursement is only \$200.00, Maria is limited to \$200.00, not the \$365.20 she pays toward her Medicare Part B premiums.

Depending on current SSA requirements, some members who are not subject to an income-related monthly adjustment amount may be required by the SSA to pay a Part B premium that is higher than the minimum standard rate. Pursuant to PEMHCA Section 22879, CalPERS cannot reimburse for Medicare Part B late enrollment penalties.

Note: California law does not provide for reimbursement of Medicare Part B premiums for retirees of contracting public agencies. You may contact your former employer to ask if this benefit is provided for you.

Additional Reimbursement Processing Time

Processing time for additional Medicare Part B reimbursement requests is up to 60 calendar days from the date of receipt and additional reimbursement will be credited retroactively to January 1 of the year documentation was submitted for.

Note: For the current minimum standard Part B premium, contact the SSA at (800) 772-1213 or TTY (800) 325-0778, or at their website at www.ssa.gov.

Frequently Asked Questions About Medicare and the CalPERS Health Program

Q: I am under 65 and have an SSA-qualified disability. Do I need to enroll in a CalPERS Medicare health benefits plan?

A: If you are under age 65, retired, and have an SSA-qualified disability, you may request to enroll in a CalPERS Medicare health benefits plan once you have completed the applicable SSA coordination period. To do so, if eligible, you must first apply for premium-free Medicare Part A and enroll in Medicare Part B. Once you enroll in Medicare, complete and send the **Certification of Medicare Status** form to CalPERS with a note indicating that you want to be enrolled in a CalPERS Medicare health benefits plan, and a copy of your supporting documentation to ensure continuation of your CalPERS health coverage.

Q: If I have a dependent with an SSA-qualified disability, ALS, or ESRD, does my dependent need to enroll in a CalPERS Medicare health benefits plan?

A: If you are retired, your dependent with an SSA-qualified disability may be eligible to enroll in a CalPERS Medicare health benefits plan once he or she has completed the applicable SSA coordination period. If you are active, and you have a dependent with an SSA-qualified disability, your dependent is not eligible to enroll in a Medicare plan unless he or she has End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS). You may enroll a dependent with ESRD in a Medicare plan after they complete the applicable SSA coordination of benefit period. CalPERS requires that all covered family members are enrolled with the same health carrier. This means that whichever Medicare plan you select, your family member will be enrolled in the same health carrier's plan (Basic or Medicare). When choosing a Medicare plan, we encourage you to consider how it will impact your family member's

access to their current health providers. Since enrollment in a CalPERS Medicare health plan is voluntary in this scenario, please contact CalPERS to request an enrollment change.

Q: I am retired from the State of California and the monthly State contribution is more than the health plan's monthly premium. Does CalPERS reimburse members for Medicare Part B premiums paid to the SSA?

A: If you or your dependents are enrolled in a CalPERS Medicare health benefits plan and the monthly State contribution is more than the health plan's monthly premium, CalPERS will reimburse you the difference (excluding penalties) between the two amounts up to the amount of the Part B premium. This reimbursement will show on your monthly retirement check. (See page 17 for an example of a Part B reimbursement.)

Note: California law does not provide for reimbursement of Medicare Part B premiums for retirees of contracting public agencies. You may contact your former employer to ask if this benefit is provided for you.

Q: I lost my CalPERS health benefits because I stopped my Medicare Part B. How can I get my CalPERS benefits back?

A: Immediately contact the SSA to see if you can reinstate your Medicare Part B, either without a lapse of coverage or on a prospective basis. If this is not possible, you can only enroll during the SSA's annual General Enrollment Period and your coverage starts the month after you enroll. You may have to pay a late enrollment penalty. You may request re-enrollment in a CalPERS Medicare health benefits plan based on the effective date of your Medicare coverage. You

will need to provide supporting documentation to reinstate your CalPERS health.

Q: I am Medicare-eligible, but my spouse is still working, and I am covered under my spouse's active employer group health plan. When should I enroll in Medicare Part B?

A: While your employed spouse continues to work, you may formally defer your enrollment in Medicare Part B with the SSA until your spouse retires or loses coverage in the active employer group health plan. When either occurs, immediately enroll in Medicare Part B and contact CalPERS to transition to a CalPERS Medicare health benefits plan.

Q: How can I qualify for premium-free Medicare Part A?

A: You may become eligible for premium-free Medicare Part A if you are age 65 or older and you have worked for at least 10 years (40 quarters) in Social Security/Medicare-covered

employment. You may also qualify through the work history of a current, former, or deceased spouse, or if you have ESRD ALS, or a Social Security-qualified disability and meet certain SSA requirements. If you have questions about Medicare eligibility and enrollment, contact the SSA at (800) 772-1213 or TTY (800) 325-0778, or visit their website at www.ssa.gov.

Q: I am turning 65, receiving CalPERS retirement benefits, and returning to work. Can I continue my CalPERS Basic health benefits plan coverage?

A: You may continue your enrollment in a CalPERS Basic health benefits plan if you receive health coverage through your employer as an employee and not as a retiree. In addition, if you are eligible for Medicare Part A and Part B upon turning 65, you must defer your Medicare Part B enrollment to continue your CalPERS Basic health benefits plan coverage.

Resources

Getting Assistance with Your Health Benefits

If you have questions about your CalPERS health benefits and 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.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 CalPERS 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.

Obtaining Additional Medicare Information

California Department of Aging
(916) 419-7500
TTY: (800) 735-2929
www.aging.ca.gov

Centers for Medicare and Medicaid Services (CMS)
(800) 633-4227
TTY: (877) 486-2048
www.medicare.gov

Health Insurance Counseling
and Advocacy Program (HICAP)
(800) 434-0222
www.cahealthadvocates.org/HICAP

Social Security Administration (SSA)
(800) 772-1213
TTY: (800) 325-0778
www.ssa.gov

Resolving Problems with Your Health Plan

Your health plan and CalPERS work together to ensure timely delivery of services for you and your family; however, disagreements may occur. To resolve an issue, you should first contact your health plan. If they are unable to help you, 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. To ask for an Administrative Review, write to:

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

The request for administrative review must set forth the facts and law upon which your request for reconsideration is based and include any supporting evidence. Once we have all your information, we will review your request. We will notify you within 60 days of receipt of your request if your coverage will be reinstated. If your coverage is not reinstated, you will be notified.

Medicare Appeal Process

The U.S. Centers for Medicare & Medicaid Services (CMS) oversees and regulates Medicare grievances and appeals. Information about the Medicare appeal process is explained at www.medicare.gov/claims-appeals/how-do-i-file-an-appeal.

CalPERS Medicare Supplemental plans offer Benefits Beyond Medicare. Denials for Benefits Beyond Medicare can be pursued through the CalPERS preferred provider organization (PPO) Appeal Process.

PPO Appeal Process

Preferred Provider Organization (PPO) plans are self-funded by CalPERS and regulated under the Public Employees' Medical and Hospital Care Act. PPO appeals are not reviewed by the DMHC or the Department of Insurance. This process applies to Basic plan medical and prescription drug appeals based on medical necessity or benefit. The only difference is benefit denials are not eligible for an Independent External Review.

| Review Level | Process | Timeline |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Review 1 Health Plan Review</p> | <p>If the service or benefit has already been provided (post-service), the health plan will issue a written decision within 60 days of the appeal request.</p> <p>If the service or benefit has not yet been provided (pre-service), the health plan will issue a written decision within 72 hours if the case is urgent or 30 days for standard appeals.</p> | <ul style="list-style-type: none"> • For appeals with the pharmacy benefit manager, a decision is rendered within 24 hours for urgent cases and 72 hours for standard cases. • If the decision is adverse, in whole or in part, members have the next level of review available. |
| <p>Review 2 Independent External Review (IRO)</p> | <p>An external IRO is responsible for reviewing an appeal that has been denied, in whole or in part, by the health plan to determine if an independent medical reviewer agrees with the decision of the health plan. The IRO is independent of the health plan and its decision is binding on the health plan.</p> <p>The IRO will review all the information provided by the health plan and the patient in rendering a determination.</p> | <ul style="list-style-type: none"> • In general, the IRO issues a written determination within 72 hours for urgent appeals and within 45 days for standard appeals. • IRO decisions are binding on the health plan, meaning that if the IRO overturns the health plan's denial, the plan must provide the requested service, even if the health plan disagrees. If the decision is adverse for the member, in whole or in part, they have the next level of review available. |
| <p>Review 3 CalPERS Administrative Review (AR)</p> | <p>Members must exhaust the health plan and IRO appeal processes before they request a CalPERS review. The request must be received within 30 days of the health plan or IRO denial.</p> | <ul style="list-style-type: none"> • The CalPERS appeals team will review the information provided by the health plan, IRO, and the member. • CalPERS will issue a written determination within 3 business days from the date all pertinent information is received for urgent requests and 60 days for standard requests. • If the decision is adverse, in whole or in part, members may request a CalPERS Administrative Hearing. |
| <p>Review 4 CalPERS Administrative Hearing (AH)</p> | <p>A request for a hearing must set forth the facts and the law upon which the request is based.</p> <p>The request may include any additional arguments and evidence not previously submitted to the health plan, IRO, or CalPERS.</p> | <ul style="list-style-type: none"> • A hearing is set before an ALJ. The member or their representative presents their case. The ALJ prepares a proposed decision within 30 days of the hearing. • The Board either adopts or rejects the proposed decision at its public meeting. If the member does not agree with the Board's decision, they may request reconsideration by the Board. |

| Review Level | Process | Timeline |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Review 5 Reconsideration by the Board | If the Board accepts the reconsideration, the Board will set a date to hear the case. Additional information is available in the EOC. | N/A |

Members may not begin civil legal remedies until after exhausting the administrative procedures.

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. 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** booklet 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 procedure. Consult your **Evidence of Coverage** booklet for information on the benefits covered or your appeal rights. You can contact CalPERS at **888 CalPERS** (or 888-225-7377) for further information.

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

- Be treated with courtesy and respect
- Receive health care without discrimination
- Have confidential communication about your health
- Have your medical record or information about your health disclosed only with your written permission
- Access and copy your medical record
- Have no restrictions placed on your doctor's ability to inform you about your health status and all treatment options
- Be given sufficient information to make an informed decision about any medical treatment or procedure, including its risks and benefits
- Refuse any treatment
- Designate a surrogate to make your health care decisions if you are incapacitated
- Access quality medical care, including specialist and urgent care services, when medically necessary and covered by your health plan

- Access emergency services when you, as a "prudent layperson," could expect the absence of immediate medical attention would result in serious jeopardy to you
- Participate in an independent, external medical review when covered health care services are denied, delayed, or limited on the basis that the service was not medically necessary or appropriate, after the health plan's internal grievance process has been exhausted
- Discuss the costs of your care in advance with your provider
- Get a detailed, written explanation if payment or services are denied or reduced
- Have your complaints resolved in a fair and timely manner and have them expedited when a medical condition requires treatment

You can help protect your rights by doing the following:

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

CalPERS Notice of Privacy Practices

Effective Date: Revised Effective: June 12, 2023

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 write to the HIPAA Unit at P.O. Box 942715, Sacramento, CA 94229-2715 or call CalPERS at **888-CalPERS** (or **888-225-7377**).

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 by the CalPERS Board of Administration to administer its duties under the Public Employees' Retirement Law (PERL), the Social Security Act (SSA), and the Public Employees' Medical and Hospital Care Act (PEMHCA), 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.

Please do not include information that is not requested.

You have the right to review your CalPERS membership file. For questions concerning your rights under the Information Practices Act (IPA) of 1977, please contact the HIPAA Unit at P.O. Box 942715, Sacramento, CA 94229-2715.

How We Use Your Social Security Number (SSN)

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires any federal, state, or local governmental agency, requesting an individual disclose their SSN, 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 110-173 requires group health plans to collect and provide member SSNs for the coordination of federal and state benefits. Furthermore, the CalPERS health program requires each enrollee's SSN for identification and verification purposes.

The CalPERS health program uses SSNs 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 (IRS).

How We Safeguard Your Protected Health Information (PHI)

We understand that 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 PHI 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 is 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. The use and disclosure of PHI is 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.

- **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.

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.

- **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, unless authorized by an Institutional Review Board (IRB). IRBs ensure CalPERS' research activities involve no more than the minimal risk to the privacy of the research subjects; involve information that is mostly anonymous and is subject to a data use agreement; or are solely used to prepare a research protocol.
- **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 (HHS)
- 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.

- **Lawuits 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 HHS 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.
- **Disaster Relief Purposes.** In the event of a disaster, PHI may be disclosed to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts. This information may be used to assist in notifying a family member, personal

representative, or another person responsible for the member's care of a member's location, condition, or death.

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 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 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 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 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 can request a copy of our review and 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 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.
- Indicate in what form you want the accounting (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 HIPAA Unit at P.O. Box 942715, Sacramento, CA 94229-2715. In your request, you must tell us the following:

- 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.

- **Right to Request Alternative Communications.** You have the right to request that we communicate with you about your PHI by alternative means and/or

to alternative locations, if you believe that our normal method or your location of communication could endanger you. For example, you can ask that we only contact you at work or by mail to a specific address.

To request alternative communications, you must submit your request in writing to the HIPAA Unit at P.O. Box 942715, Sacramento, CA 94229-2715. Your request must specify how or where you wish to be contacted. We will not ask you to provide the reason for your request, but your request must include a statement explaining how our normal method or your location of communication could endanger you. We will accommodate all reasonable requests for alternative communications that include this required statement.

- **Breach Notification.** If and when required by HIPAA, we will notify you of a breach of the HIPAA privacy rules involving your PHI. If HIPAA requires us to send you a notice, the notice will contain:
 - A description of the breach
 - The type of PHI that was breached
 - What steps you could take to protect yourself from potential harm
 - What steps we are taking to investigate the breach, mitigate harm and protect from further breaches, and
 - Who to contact for additional information.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy, contact the HIPAA Unit at P.O. Box 942715, Sacramento, CA 94229-2715 or visit our website at www.calpers.ca.gov to print out a copy. Search "Notice of Privacy Practices" to easily access the notice on our website.

Changes to this Notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or

changed notice effective for PHI we already maintain about you, as well as any information we receive in the future. We will post a copy of the current notice on the CalPERS website at www.calpers.ca.gov. The notice will contain the effective date at the top of the first page. In addition, a copy of the current notice will be included in the annual CalPERS open enrollment mailing.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with CalPERS or with the Secretary of HHS by going to the www.hhs.gov website. To file a complaint with CalPERS, contact the HIPAA Unit at P.O. Box 942715, Sacramento, CA 94229-2715. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Other Uses of PHI

Other uses and disclosures of PHI not covered by this notice will be made only with your written permission or authorization. If you provide us permission to use or disclose PHI about you, you may revoke that permission at any time. You may submit your request in writing to the HIPAA Unit at P.O. Box 942715, Sacramento, CA 94229-2715. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. However, please understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of your participation in CalPERS Health and Long-Term Care programs.

Note: CalPERS does not discriminate on the basis of age, ancestry, citizenship, color, denial of Family Medical Care Leave, disability, domestic violence victim status, gender, gender identity/expression, genetic information, marital status, medical condition, military/veteran status, national origin, political affiliation, race, religion, religious creed, requests for leave under the California Family Rights Act, sex (including pregnancy, childbirth, and breastfeeding or medical conditions relating to pregnancy, childbirth, and breastfeeding), sexual orientation, or any other classification protected by federal, state or local laws or ordinances.

Definition of Terms

CalPERS Basic Health Benefits Plan

A CalPERS Basic health benefits 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 at no cost may also be eligible to enroll in a Basic health benefits plan.

CalPERS Medicare Health Benefits Plan

A CalPERS Medicare health benefits plan provides health benefits coverage to members who are over age 65, retired, and are enrolled in Medicare Parts A and B with the SSA. Members under age 65 enrolled in Medicare Part A and B with the SSA may voluntarily elect to enroll in a CalPERS Medicare Health Benefits Plan. For active employees and their dependents of any age, federal law limits enrollment in a CalPERS Medicare health benefits plan to those diagnosed with Amyotrophic Lateral Sclerosis (ALS) or End-Stage Renal Disease (ESRD) that have completed any applicable coordination periods with SSA.

Centers for Medicare & Medicaid Services (CMS)

A federal agency created in 1977 under the Department of Health and Human Services, the CMS is responsible for administering the Medicare and Medicaid programs and ensuring that Medicare and Medicaid beneficiaries have access to high-quality medical care in appropriate settings.

Combination Plan

A combination plan means at least one family member is enrolled in a Medicare health plan and at least one family member is enrolled in a Basic health plan through the same health carrier. CalPERS requires all family members to have the same health carrier.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

When health benefits would cease, COBRA allows continuation of health coverage for a limited time under certain circumstances as a result of job loss (for reasons other than gross misconduct), reduction in hours worked, death, divorce, and other life events. You should contact the CMS with questions about the Medicare program and benefits.

Copayment

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 plan starts to pay.

Dependent

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

Disenrolling

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

Employer Contribution

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

Employer Group Health Plan (EGHP)

Health coverage you receive through either your own or your spouse's active employment. Generally, EGHP coverage is your primary coverage.

Emergency Services

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

Faculty Early Retirement Program (FERP)

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

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 copayments 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 charged by a health plan to provide health benefits coverage. Employee costs for premiums may be reduced by employer contributions.

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").

Public Agency (PA)

A Public Agency is any city, county, district, other local authority or public body of or within California.

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).

Social Security Administration (SSA)

An agency under the Executive Branch of the U.S. Government, the SSA is responsible for delivery of Social Security services including Medicare. The SSA is also responsible for determining Medicare eligibility and premiums, and for Medicare enrollment. You should contact the SSA about Medicare enrollment and eligibility issues, name or address changes, questions about premiums, and to report a death.

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**)
www.calpers.ca.gov

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