

## 20 4 HEALTH PLAN BENEFIT CHANGES

### Copayment Changes:

Emergency room copayments for Blue Shield and Kaiser (Basic and Medicare) will increase to \$50/visit (waived if hospitalized) to standardize emergency room copayments for all HMOs.

*Please note: The CCPOA and PORAC association plans also have benefit changes. Contact each association for more information.*

### Prescription Drugs:

The copayment for non-formulary drugs will increase from \$30 to \$45 for retail and from \$45 to \$75 for mail order for Blue Shield, Western Health Advantage, PERS Choice or PERSCare. In limited situations where medical necessity requires a member to take a non-formulary drug, the member may request a medical necessity exception to the increased non-formulary copay. If the exception request is approved, members will pay a \$30/retail or \$45/mail order copayment for the non-formulary drug. (See health plan 2004 Evidence of Coverage booklets for information about how to request a medical necessity exception.)

### Service Area Changes or Withdrawals:

Kaiser's Basic and Medicare plans will not be offered in western Ventura County. The CCPOA association plan will not be offered in San Luis Obispo County.

## 20 4 HEALTH PLAN CONSIDERATIONS

### Medicare Eligible Enrollees

CalPERS requires retirees who are eligible for Medicare Part A (hospital insurance) to enroll in Medicare Part B (medical insurance) and transfer to a CalPERS-sponsored Medicare health benefits plan. This rule also applies to

enrolled dependents who are eligible for Medicare Part A.

State law specifies that Medicare eligible retirees cannot be enrolled in a CalPERS Basic health benefits plan. If you did not pay Medicare taxes while you worked, you may be eligible for Medicare through your spouse. For more information, call the Social Security Administration at (800) 772-1213 or visit the Medicare Web site at [www.medicare.gov](http://www.medicare.gov).

Health Benefit Services Division  
PO Box 942714  
Sacramento, CA 94229-2714

Check if new address

## 20 3 HEALTH PLAN STATEMENT

*Important Information from CalPERS Health Benefits*

### QUALITY MATTERS!

Want to know your health plan's quality ratings or how to choose a provider? Use the postcard on page 3 to order your *Quality Report*.



### *Dear CalPERS Health Program Member:*

This year CalPERS is doing something different as part of 2003 Open Enrollment – providing you with your first annual Health Plan Statement.

This member statement has been designed to help you: **(1)** Review your family's current health plan enrollment information for accuracy. **(2)** Be informed about any important changes in CalPERS health plans and covered services for 2004. **(3)** Order an Open Enrollment packet and other useful booklets about the CalPERS health program if you want to change plans or stay informed.

If you do not wish to change from your current health plan and your enrollment information is correct, **you do not need to do anything.**

If you want to change to another health plan, complete and mail the order request postcard no later than Oct. 10 to receive the materials during Open Enrollment.

This year, Open Enrollment begins on October 1 and ends on October 31. As usual, active employees must submit health plan changes to your Health Benefits Officer and retirees to CalPERS during Open Enrollment.

**If the information in this statement about you or your family is not accurate, contact your Health Benefits Officer if you are an active employee or CalPERS if you are a retiree.**

We hope you like this new Health Plan Statement and the choice you now have to receive Open Enrollment materials by request only.

If you have questions or need assistance, see our Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) or give us a call at (888) CalPERS (225-7377). Online versions of the Open Enrollment materials will be available on August 18.



## 2003 HEALTH PLAN PERSONAL INFORMATION

Our records confirm that you are currently enrolled in:  
Your Eligibility ZIP code\* is:

The following individuals are enrolled under your health plan:

SS #	Relationship Code	Name	D.O.B.	Health Coverage Code
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### RELATIONSHIP CODES:

0	self
1	spouse
2	child
3	stepchild
4	economically dependent child
5	adopted child
6	domestic partner
7	domestic partner's economically dependent child
15	sibling
99	unknown

### HEALTH COVERAGE CODES

B	Basic
S	Supplement to Medicare
M	Managed Medicare

\* Eligibility ZIP Code: This is used to determine the health plans in which you are eligible to enroll. It is based on either your home or work address. A complete list of available health plans based on ZIP Code eligibility is available through your employer, the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov), or by calling the CalPERS Customer Contact Center at (888) CalPERS (225-7377).

## 2004 HEALTH PLAN PREMIUM RATES

The chart below shows Basic plan premiums for 2004. These rates do **not** reflect your employer's contribution. Contact your employer or bargaining unit to find out the employer's contribution toward the monthly premium. To calculate your monthly cost, subtract your employer's contribution from the total premium rate for your health plan.

Health Plan	Phone number	Premium Rate 1-Party	Premium Rate 2-Party	Premium Rate 3+ Party
Blue Shield HMO & EPO	(800) 334-5847	\$315.22	\$630.44	\$819.57
CAHP*	(800) 759-5758	\$358.00	\$695.00	\$909.00
CCPOA* (North)	(800) 547-2968	\$308.98	\$617.97	\$834.25
CCPOA* (South)	(800) 547-2968	\$256.78	\$513.57	\$693.31
Kaiser Permanente (CA)	(800) 464-4000	\$305.42	\$610.84	\$794.09
Kaiser Permanente (out-of-state)	(800) 464-4000	\$426.93	\$853.86	\$1,110.02
PERSCare	(877) 737-7776	\$544.77	\$1,089.54	\$1,416.40
PERS Choice	(877) 737-7776	\$349.41	\$698.82	\$908.47
PORAC*	(800) 288-6928	\$399.00	\$733.00	\$931.00
Western Health Advantage	(888) 563-2251	\$280.41	\$560.82	\$729.07

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



### IMPORTANT DATES

#### August 11 - October 10

Mail the reply postcard during this period to receive requested information.

#### September 24 - October 15

Requested Open Enrollment information will be mailed during this period.

#### October 1 - 31

CalPERS 2003 Open Enrollment Period

#### January 1, 2004

Your Open Enrollment health plan changes become effective.

### REQUEST FOR 2003 OPEN ENROLLMENT PACKET AND/OR ADDITIONAL INFORMATION

#### Please send me the following information:

- 2003 Open Enrollment Packet (Health Plan Decision Guide and Health Benefit Summary)
- Quality Report
- Understanding Medicare booklet (Rev. 09/02)
- Health Program Handbook (Rev. 09/02)

**WATCH YOUR MAIL FOR REQUESTED INFORMATION!**

