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Circular Letter

January 8, 2015

TO: SPECIAL DISTRIBUTION FOR DEL NORTE COUNTY AGENCIES, HEALTH BENEFITS OFFICERS AND ASSISTANT HEALTH BENEFITS OFFICERS

SUBJECT: SPECIAL ENROLLMENT FOR ANTHEM BLUE CROSS EXCLUSIVE PROVIDER ORGANIZATION (EPO) IN DEL NORTE COUNTY

Special Enrollment for Anthem Blue Cross Del Norte County EPO

The purpose of this Circular Letter is to provide information to Del Norte County agencies regarding the Special Enrollment for the Anthem Blue Cross Del Norte County Exclusive Provider Organization (EPO) health plan.

Eligible CalPERS members will have the opportunity to enroll in the new health plan during a Special Enrollment period, from **January 26, 2015 through February 20, 2015**. The effective date for Special Enrollment transactions will be **April 1, 2015**.

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Special Enrollment Period for Del Norte County, *Continued*

Who is Eligible

State and contracting agency employees and retirees who reside or work in Del Norte County may enroll in the Anthem Blue Cross Del Norte County EPO plan during Special Enrollment.

NOTE: No action is required for employees or retirees who wish to remain in their current health plan.

Newly hired employees who reside or work in Del Norte County may enroll in the Anthem Blue Cross Del Norte County EPO plan within 60 days from the date of hire. The effective date will be the first of the month following the date the request is received by the Health Benefits Officer (HBO), but not earlier than **April 1, 2015**.

Special Enrollment Communication

Anthem Blue Cross will mail co-branded letters to employees and retirees currently enrolled in a CalPERS health plan in Del Norte County on **January 8, 2015**, with a reminder notification on **January 16, 2015**. A copy of the January 8 letter is provided in **Attachment A**.

Deductibles, Coinsurance, and Co-pays

Each individual CalPERS plan has a maximum limit on the amount members pay out-of-pocket. If a member transfers from their current CalPERS plan to the Anthem Blue Cross Del Norte EPO, any out-of-pocket expenses incurred thus far in 2015 under their current plan (deductibles, coinsurance, or co-payments) will not be waived, reimbursed or transferred to the new CalPERS EPO plan. The maximum limit on out-of-pocket expenditures will start with the Anthem Blue Cross Del Norte EPO effective **April 1, 2015**.

For questions regarding deductibles, coinsurance and co-payments already paid, employees should contact Anthem Blue Cross Customer Service at **1-877-737-7776**.

Physician, Providers and Hospitals

Employees should contact the Anthem Blue Cross customer service at **1-877-737-7776** or select the *Find a Provider* link, online at **www.anthem.com/ca/calpers**, to find information on physicians, providers and hospitals or get a printed directory of Del Norte EPO doctors, hospitals and other health care professionals and facilities.

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Special Enrollment Period for Del Norte County, *Continued*

Physician, Providers and Hospitals (continued)

The Anthem Blue Cross Del Norte County EPO Plan does not require members to select a primary care physician. Except for emergency and urgent services, all care must be approved and/or coordinated by a Del Norte EPO provider physician and any hospital care must be provided at a Del Norte County EPO hospital.

Health Plan Identification Cards

Anthem Blue Cross will make every effort to ensure newly enrolled members receive identification cards prior to **April 1, 2015**. Members who have not received new identification cards by **April 1, 2015**, should contact Anthem Blue Cross customer service at **1-877-737-7776**. Newly enrolled employees should be instructed to **discontinue** using their previous health plan identification cards after **April 1, 2015**.

2015 Health Plan Rates

For information about the 2015 health plan rates and the 2015 Consolidated Omnibus Budget Reconciliation Act (COBRA) monthly premium rates, visit CalPERS On-Line at www.calpers.ca.gov and select the Employers tab. Next choose Retirement Benefit Programs & Contracting Services, then Health Benefits Program, and finally 2015 Health Plan Information.

Plan Names and Codes

Please refer to the plan names and codes below to process Anthem Blue Cross Del Norte EPO Special Enrollment transactions.

State:

Plan Type	my CalPERS System Name	Plan Code
Basic Plan	Anthem Blue Cross Del Norte EPO California	172
Combination (combo) of Basic and Medicare Plan	Anthem Blue Cross Del Norte EPO and Medicare Supplement California	173

Contracting Agencies and Schools:

Plan Type	my CalPERS System Name	Plan Code
Basic Plan	Anthem Blue Cross Del Norte EPO Other Northern California	174
Combination (combo) of Basic and Medicare Plan	Anthem Blue Cross Del Norte EPO and Medicare Supplement Other Northern California	175

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Special Enrollment Period for Del Norte County, *Continued*

Submitting Transactions

CalPERS must receive your Special Enrollment transactions timely through my|CalPERS online at **my.calpers.ca.gov**. Early submission will ensure timely processing of health plan identification cards and proper payroll deductions.

All transactions must be entered based on the Special Enrollment dates of **January 26, 2015 through February 20, 2015**. The deadline to process all Special Enrollment transactions is **March 28, 2015**.

Rescind Transactions

You have the ability to rescind health transactions when the effective date of the transaction occurs in the future. If an employee decides they no longer want to change health plans, you may rescind the transaction within my|CalPERS prior to the **April 1, 2015** effective date.

NOTE: Employees cannot select another health plan, but will return to their original health plan if the transaction is rescinded.

To avoid payroll deduction errors, you must rescind the transaction online through my|CalPERS at **my.calpers.ca.gov** prior to the **March 20, 2015** payroll cut-off date. Special Enrollment transactions rescinded after the **March 2015** payroll cut-off date will be adjusted on the employee's subsequent pay warrant.

Health Premium Adjustments

Employees who make Special Enrollment plan changes should carefully review their **April and May 2015** warrants verifying the correct premium is paid to the proper health plan.

If the employee's pay warrant does not reflect their Special Enrollment plan change, advise the employee to **discontinue** using their prior health plan after **April 1, 2015**. Please verify the appropriate enrollment reflects in my|CalPERS and advise the employee that the payroll discrepancy will be resolved by the first of the following month.

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Special Enrollment Period for Del Norte County, *Continued*

Health Benefits Plan Enrollment Form

Please refer to the guide below to complete the *Health Benefits Plan Enrollment* form:

Box	Reason Code	Description
14	104	New enrollment for employees during Open Enrollment
14	206	Add dependent during Open Enrollment
14	320	Open Enrollment delete dependent
14	400	Changing plans during Open Enrollment
14	503	Enrolled in Flex Elect – Cancel Coverage
14	530	Open Enrollment cancel coverage

Box	Item	Description
15	Event Date	January 26, 2015 through February 20, 2015
16	Effective Date	April 1, 2015
17	Basic Plan	List all persons to be enrolled in the health plan, including dependent Social Security Number
20	Employee Signature	Include employee's daytime phone number in this box
21	Signature Date	Date signed must be during the Special Enrollment period January 26, 2015 through February 20, 2015
33	Employer Received Date	Form must be received during the Special Enrollment period of January 26, 2015 through February 20, 2015

Employees on Leave of Absence

Employees on leave of absence during the Special Enrollment period may change plans and/or add or delete dependents. Employees who do not change plans and add/delete dependents during the Special Enrollment period may do so within 60 days from the date they return to regular pay status.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Former employees or their dependents that are eligible for COBRA continuation coverage may change health plans and add/delete eligible dependents during Special Enrollment. As the employer, you are required to:

- Provide the former employee a **Group Continuation Coverage** form.
- Process the transaction online through my|CalPERS at **my.calpers.ca.gov**.
- Comply with the effective date rules for completion of the **Group Continuation Coverage** form which are the same as those for the **Health Benefits Plan Enrollment** form.
- Notify the former employee that premium payments must be sent directly to the health plan, not CalPERS.

Special Enrollment Period for Del Norte County, *Continued*

Retiree Enrollment Changes

Retirees who are eligible to enroll in the Anthem Blue Cross Del Norte EPO can submit their plan change request to CalPERS by:

Mail: **CalPERS Health Account Services**

P.O. Box 942715

Sacramento, CA. 94229-2715

Fax: **(800) 959-6545**

Telephone: **888 CalPERS** or **(888-227-7377)**

Plan change requests must include:

- Name, Address, Social Security Number
 - If adding a dependent, the request must include:
 - Name, Social Security Number, Birth Date and an Affidavit of Parent Child Relationship form (if applicable)
-

Questions

If you have any questions about the information provided in this Circular Letter, please call our CalPERS Customer Contact Center at **888 CalPERS** (or **888-225-7377**).

ANTHONY SUINE
Interim Division Chief
Customer Account Services Division