



California Public Employees' Retirement System  
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**TO: HEALTH BENEFIT OFFICERS AND ASSISTANT HEALTH  
BENEFIT OFFICERS OF THE STATE, CALIFORNIA STATE  
UNIVERSITY AND CONTRACTING PUBLIC AGENCIES**

**SUBJECT: POLICY CHANGE --USE OF WORK ADDRESS FOR  
ENROLLMENT IN A HEALTH PLAN**

On September 19, 2001, the CalPERS Board of Administration voted to allow members to select a health plan based on their **home or work address**. This change allows eligible employees increased flexibility in choosing a health plan, particularly to those who have been impacted by HMO withdrawals from some areas of the state.

Effective immediately, CalPERS will allow all active employees, and all retired members who are currently working to enroll in a health plan using their **work or home address**.

### **Employer ZIP Code Election Form**

Active employees and working retirees electing to use the work address as the ZIP code to enroll in a health plan must complete the "CalPERS Employer ZIP Code Election" form (Attachment 1). The Health Benefit Officer will keep this form in the employee's file. Working retirees must mail this Election form to CalPERS with their request to change plans.

### **Working Retiree**

A working retiree eligible for Medicare Parts A and B cannot enroll in a basic plan. They may enroll in the Medicare managed care plans offered by Kaiser and PacifiCare if they live within their service areas. They may also enroll in any CalPERS plan that offers a Medicare Supplement available in their residential or work address. If you are assisting a retiree who is considering enrolling in a health plan based on their work ZIP code, have them contact the health plan before they enroll.

### **Open Enrollment Extended**

The Open Enrollment period will be extended to allow employees to change health plans using the work or home address as the qualifying address for enrollment. Open Enrollment will be extended to November 2, 2001. Changes made during this period

using the work address as an eligible ZIP code will have an effective date of January 1, 2002.

**Complete Enrollment Documents (HBD-12) for changes using Work ZIP Code during Open Enrollment as follows:**

<b>Box 4B</b>	Residence ZIP Code	Write the Workplace ZIP Code
<b>Box 11</b>	Primary Care Physician (HMO Plans Only)	Providing this information will assist in the timely issuance of identification cards.
<b>Box 14</b>	Reason Code	<b>412—Plan Change using Work ZIP code during Open Enrollment</b>
<b>Box 15</b>	Permitting Event Date	September 3, 2001 (Open Enrollment )
<b>Box 16</b>	Effective Date	January 1, 2002 (Open Enrollment)
<b>Box 21</b>	Employee Sign Date	September 3, 2001 – November 2, 2001
<b>Box 33</b>	HBO Received Date	No later than November 2, 2001 for Open Enrollment
<b>Box 35</b>	Remarks	Change of Plans using workplace address during Open Enrollment. "Election form in file."

**Complete Enrollment Documents (HBD-12) for all New Enrollments using work ZIP Code as follows:**

<b>Box 4B</b>	Residence ZIP Code	Write the <b>Workplace</b> ZIP Code
<b>Box 11</b>	Primary Care Physician (HMO Plans Only)	Providing this information will assist in the timely issuance of identification cards.
<b>Box 14</b>	Reason Code	<b>151—New Enrollment using Work ZIP code</b>
<b>Box 15</b>	Permitting Event Date	Date of Appointment
<b>Box 16</b>	Effective Date*	1 <sup>st</sup> of month following HBO receive date.
<b>Box 21</b>	Employee Sign Date	Date employee signed
<b>Box 33</b>	HBO Received Date	Date submitted to HBO
<b>Box 35</b>	Remarks	Initial enrollment of a new employee using Work ZIP code. "Election form in file."

\*The effective date of the change depends on the request date.

**IMPORTANT:** Employees must be careful to not establish an enrollment which may cause them to incur claims for services which will not be paid by their health plan. While emergency and urgent care can be provided by out-of-network practitioners, non-urgent and non-emergency care received outside of the health plan's network is usually not covered.

**Rescissions**

Some employees may have already submitted Open Enrollment plan changes based on the previous policy. If you have employees whose plan change request has been submitted to CalPERS, and they wish to select another health plan based on the new

policy, they may rescind the pending change by submitting a new plan change request. The new request must be made by November 2, 2001.

### Employees Who Change Residence/Employment

Employees will be allowed to make a health plan change based on a change of residence or employment. The employee has 60 days from the date that they change residence or employment to request a health plan change. The effective date of the change will be first of the month following the request to change.

**Example:** An employee is enrolled in a health plan using their residence address. The employee moves. This move causes the employee to become ineligible for the health plan they are currently enrolled in. The employee can either remain in the same health plan using their work address (if eligible) or request a health plan change using their work address.

### Complete Documents (HBD-12) based on a Residence/Employment as follows:

<b>Box 4B</b>	Residence ZIP Code	Employment ZIP Cod
<b>Box 11</b>	Primary Care Physician (HMO Plans Only)	Providing this information will assist in the timely issuance of identification cards.
<b>Box 14</b>	Reason Code	<b>413—Change of Residence/Employment using Employer ZIP code (outside of Open Enrollment)</b>
<b>Box 15</b>	Permitting Event Date	Date of Move
<b>Box 16</b>	Effective Date*	First of the month following the request date
<b>Box 21</b>	Employee Sign Date	As appropriate
<b>Box 33</b>	HBO Received Date	Date document received from the employee.
<b>Box 35</b>	Remarks	Change of Plans based on a residence/employment. "Election form in file."

\*The effective date of the change depends on the request date.

### Complete Documents (HBD-12) based on a Residential Move as follows:

<b>Box 4B</b>	Residence ZIP Code	Residence ZIP Code
<b>Box 11</b>	Primary Care Physician (HMO Plans Only)	Providing this information will assist in the timely issuance of identification cards.
<b>Box 14</b>	Reason Code	<b>402—Move</b>
<b>Box 15</b>	Permitting Event Date	Date of Move
<b>Box 16</b>	Effective Date*	First of the month following the request date
<b>Box 21</b>	Employee Sign Date	As appropriate
<b>Box 33</b>	HBO Received Date	Date document received from the

employee.

**Box 35**            Remarks            Change of Plans based on a move.  
\*The effective date of the change depends on the request date.

### Document Submission

Open Enrollment HBD-12 forms must be submitted to CalPERS by the close of business on **November 9, 2001**. Documents received after this date will be returned. Submit forms to:

US Postal Service	Express Service/Direct Delivery
CalPERS Health Benefit Services Division P. O. Box 942714 Sacramento, CA 94229-2714	CalPERS Central Mailroom 400 P Street, Room 2220 Sacramento, CA 95814 (916) 326-3044

### Member Notification

Each agency is requested to notify its employees of this change in policy. CalPERS is mailing a letter to all enrolled health plan members notifying them of this policy change. A copy of this letter is attached for your review.

### ZIP Code Access

The ZIP codes for the health plan service areas in 2002 are available on the CalPERS web site.

Thank you for ensuring that this letter is distributed to all staff who assist employees with the health enrollment process. If you have any question pertaining to the information provided, please call (800) 352-2238.

Respectfully,

Tom Fischer, Chief  
Health Benefit Services Division

### Attachments

- Member Notification Letter and Employer ZIP Code Election Form
- Sample HBD-12 Documents (PDF, 315kb )