

Medicare Enrollment Guide

A practical guide to understanding how CalPERS and Medicare work together



About This Publication

The CalPERS **Medicare Enrollment Guide** provides information on how Medicare works with your CalPERS health benefits. It provides an overview of Medicare, eligibility determination, enrollment requirements/information, and describes CalPERS Medicare health plan types.

This publication is one resource CalPERS offers to help you understand, choose, and use your health benefits. Others include:

- **Health Program Guide:** Describes CalPERS Basic health 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 and Hospital Care Act (PEMHCA), the provisions of PEMHCA will apply. You can obtain these publications, required forms, and other information about your CalPERS health benefits through the CalPERS website at **www.calpers.ca.gov** or by calling CalPERS at **888 CalPERS** (or 888-225-7377).

Where to Get Help With Your Health Benefits Enrollment

If you are an active employee, contact your health benefits officer to make all health benefit enrollment changes. Your health benefits officer is usually located in your personnel office or human resources department. With your health benefits officer's approval, you may also make changes online through myCalPERS at **my.calpers.ca.gov**.

Once you retire, CalPERS becomes your health benefits officer. As a retiree, you may make changes to your health plan:

- Online through myCalPERS at **my.calpers.ca.gov**
- By calling us toll free at **888 CalPERS** (or 888-225-7377)
- By faxing or writing to us at:
CalPERS Health Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715
Fax: (800) 959-6545

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Medicare Overview and Eligibility

What Is Medicare?

Medicare is a federal health insurance program regulated by the Centers for Medicare & Medicaid Services (CMS). The Social Security Administration (SSA) determines Medicare eligibility, enrollment, and premiums for Medicare.

Who Is Medicare For?

Medicare is for individuals:

- Age 65 and older
- Under age 65 with certain SSA-qualified disabilities
- With End-Stage Renal Disease

Medicare Part A (Hospital Insurance)

Medicare Part A is hospital insurance that helps pay for:

- Inpatient hospital stays
- Skilled nursing facilities
- Hospice care
- Some home health care

You can receive Part A at no cost, also known as premium-free Part A. To receive premium-free Part A, you must:

- Work at least 40 quarters (10 years) in a Social Security or Medicare-covered job, or
- Be eligible through the work history of a current, former, or deceased spouse who is at least 62, or
- Have a disability recognized by the SSA.

Medicare Part B (Medical Insurance)

Medicare Part B is medical insurance that helps pay for:

- Services from doctors
- Outpatient care
- Home health care
- Durable medical equipment
- Some preventive services

At age 65, everyone can enroll in Part B, even if you don't qualify for premium-free Part A. The monthly Part B premiums must be paid to SSA to remain enrolled in Part B. SSA determines the premium amount every year and most people pay the standard Part B premium. However, if your income is above certain limits set by the SSA, you'll pay a higher monthly premium. If you get SSA benefits, your Part B premiums will be automatically taken out of your SSA benefits. If you don't get SSA benefits, they will bill you quarterly for the Part B premiums.

If you're under 65, you qualify for Part B if you have a disability recognized by the SSA.

Part B Reimbursement (State & CSU Only)

CalPERS administers Part B reimbursements for state and CSU retirees only. If you retired from a contracting public agency, contact your former employer to find out if they offer this benefit.

We may be able to reimburse you and/or your dependent for some or all of your Medicare Part B premiums.

Generally, you're eligible for this reimbursement if you're:

- Retired from the state or California State University
- Enrolled in a CalPERS Medicare health plan

Some exceptions apply based on bargaining unit and first state hire date. The following aren't eligible for Part B premium reimbursement:

Bargaining Unit	First State Hired Date
9, 10, and related employees	January 1, 2016
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
16 and related employees	April 1, 2017
5 and related employees	January 1, 2020

For more information on how reimbursements are calculated, including examples, refer to **Understanding Medicare Part B & IRMAA Reimbursements** on our website.

Medicare Part C (Medicare Advantage Plans)

Medicare Part C is also called Medicare Advantage. It's a health coverage option approved by Medicare and provided by private insurance. Medicare Advantage plans combine Parts A, B, and D into one plan.

To enroll in a Medicare Advantage plan, you must meet these CMS requirements:

- Enroll and remain enrolled in Part A and Part B
- Be eligible for Part D
- Provide a residential address
- Live in the Medicare Advantage service area
- Enroll in only one Medicare Advantage plan at a time

Medicare Part D (Medicare Drug Coverage)

Medicare Part D helps cover prescription drug costs. All CalPERS Medicare plans include Part D benefits. Some of your CalPERS Medicare plan premium pays for Part D. Unless your income is above certain limits, you don't have to pay Part D premiums to SSA.

Important! Do not enroll in a non-CalPERS Medicare Part D plan or you may lose your CalPERS Medicare health plan.

The SSA may charge you premiums for Parts A, B, and/or D. The SSA determines your Medicare premiums based on your work history and income. Most of the time, Medicare premiums will be deducted from your Social Security benefits. If they aren't, you're still responsible for paying these premiums to the SSA. If you don't pay your Medicare premiums, you may be canceled from your CalPERS plan.

Enrollment Requirements and Information

How to Keep Your CalPERS Health Coverage After Turning 65

To keep your CalPERS health coverage, you and/or your dependent must notify us of your Medicare status before turning 65. If you don't, your CalPERS health coverage could be canceled. For more information, see Government Code section 22844 and its implementing regulations (2 California Code of Regulations section 599.517).

Eligible for Premium-Free Part A and Retired

If you are retired and you or your dependent are eligible for premium-free Part A, follow these steps to maintain your CalPERS health coverage:

Step 1: Apply for Medicare

- Contact the SSA to apply for Medicare.
- If you're already receiving Social Security benefits before turning 65, SSA may automatically enroll you in Medicare Parts A and B.

Reminder: Eligibility for premium-free Part A can also be based on the work history of a current, former, or deceased spouse who is at least 62.

Step 2: Enroll in Parts A and B

- Make sure you're enrolled in both Part A and Part B.
- You'll receive a Medicare card showing your enrollment and effective dates.

Step 3: Coordinate Your Medicare Benefits With CalPERS

- We will work with Medicare (CMS) to get your Medicare information and switch you (and/or your dependent) from a CalPERS Basic (non-Medicare) health plan to a CalPERS Medicare health plan.
- Automatic enrollment happens if your Medicare Parts A and B enrollment occurs at least 60 days before your 65th birth month.

If We Cannot Get Your Medicare Information From CMS

- We'll inform you the month before you turn 65 that we haven't received your Medicare information.
- You'll need to either:
 - Send us a copy of your Medicare card or SSA documentation with your Medicare number and effective dates, or
- Complete and submit the **Certification of Medicare Status** form.

Step 4: Transition to a CalPERS Medicare Health Plan

- We'll automatically enroll you in your current health carrier's Medicare health plan.
- If your current health carrier doesn't offer a CalPERS-sponsored Medicare health plan, we'll enroll you in another available CalPERS Medicare plan.
- You have the option to choose an available CalPERS Medicare plan within 60 days of your or your dependent's CalPERS Medicare enrollment effective date.

Step 5: Review Confirmation Materials

- When enrolled in a CalPERS Medicare plan, you'll receive a **Notification of Health Change** confirmation notice from CalPERS.
- Carefully review the materials to ensure your enrollment details are correct.

Important! Your CalPERS health coverage will be cancelled if we don't receive your Medicare enrollment information before your 65th birth month. Cancellation will include all enrolled dependents and start the first day of the month after your 65th birth month.

If You're Ineligible for Premium-Free Part A

If you and/or your dependent are not eligible for premium-free Part A and you want to keep your CalPERS health coverage, you must:

- **Submit required forms:** Complete and submit the ***Ineligibility of Medicare Certification*** form or ***Certification of Medicare Status*** form to CalPERS before turning 65.
- **Provide proof of ineligibility:** Include SSA documentation that you're not eligible for premium-free Part A. This documentation must show that you aren't eligible based on your own work history or the work history of a current, former, or deceased spouse.

If approved, you will stay in your CalPERS Basic (non-Medicare) plan.

Important! Your CalPERS health coverage will be cancelled if we don't receive proof of ineligibility before your 65th birth month. Cancellation will include all enrolled dependents and start the first day of the month after your 65th birth month.

If Your Eligibility Changes Later

If you're not eligible for premium-free Part A when you turn 65, you might become eligible later. Some reasons you might become eligible after 65 include:

- Your spouse turns 62.
- You're working in a Social Security or Medicare covered job and you've earned 40 quarters.

Once you and/or your dependent qualify for premium-free Part A, you must:

- Enroll in Part A and Part B with SSA.
- Transition into a CalPERS Medicare plan.

If You're Over 65 and Still Working

If you're still working and your active employer health coverage is through a CalPERS Basic plan, no action is required. **However**, if you and/or your dependent are:

- Eligible for premium-free Part A,
- Have coverage through an active employer group health plan, and
- Want to keep your CalPERS health plan, you must:
 - **Submit required forms:** Complete and submit the ***Ineligibility of Medicare Certification*** form or ***Certification of Medicare Status*** form to CalPERS before turning 65.
 - **Provide proof of coverage:** Submit proof of enrollment in an active employer group health plan (for example, a current pay stub showing a health premium deduction).

Important! Your CalPERS health coverage will be cancelled if we don't receive proof of enrollment in active employer group health plan coverage before your 65th birth month. Cancellation will include all enrolled dependents and start the first day of the month after your 65th birth month.

You can stay in your CalPERS Basic (non-Medicare) plan until you retire or the employer group health coverage ends. At that time, you must:

- Enroll in Medicare Parts A and B with SSA, and
- Transition into a CalPERS Medicare plan.

You must enroll in Medicare during the appropriate enrollment period to avoid penalties. You can find more information in the **Medicare Enrollment Periods** section.

Optional: Enroll in Part A While Working

You can enroll in Part A while still working. Contact the SSA for more information.

Medicare Enrollment Periods

Most people who are receiving retirement or disability benefits from Social Security are automatically enrolled in Medicare Parts A and B when they turn 65. If you and/or your dependent don't qualify for automatic enrollment, you'll need to enroll in Medicare Parts A and B during specific Medicare Enrollment Periods.

Initial Enrollment Period (IEP)

You have a seven-month period to enroll in Parts A and B when turning 65.

- This period begins three months before your 65th birth month and ends three months after your 65th birth month.
- If your birthday is on the first of the month, your enrollment period starts four months before you turn 65 and ends two months after the month you turn 65.
- Your Medicare coverage typically starts the month you turn 65.

Important! Although SSA allows a seven-month Medicare IEP, CalPERS must receive Medicare enrollment information before your 65th birth month to avoid cancelation of your CalPERS health coverage. Your Medicare and CalPERS effective dates may be different depending on when CalPERS receives your Medicare enrollment information.

Special Enrollment Period (SEP)

If you didn't enroll in Medicare during the Initial Enrollment Period because you were working beyond the age of 65, you might be able to enroll in Parts A and B during a Special Enrollment Period.

- If you and/or your dependent spouse are eligible for premium-free Part A but delayed enrolling in Part B due to active employer group health coverage, you can enroll during this period.
- SSA may require you and your employer to complete the **Request for Employment Information** form to confirm proof of employer group health coverage.

- You have an eight-month period to enroll in Part B.
 - The SEP begins in the month the active coverage or employment ends, whichever comes first.
- Your Medicare coverage typically starts the month after you enroll.

Important! While SSA allows an eight-month SEP, you must notify us within 60 days after active employer group health coverage or employment ends to avoid cancelation of your CalPERS health coverage. Your Medicare and CalPERS effective dates may be different depending on when CalPERS receives Medicare enrollment information.

Other Special Enrollment Periods

CMS also provides special enrollment periods for individuals in exceptional conditions, such as:

- Emergencies or disasters
- Health plan or employer errors
- Formerly incarcerated individuals
- Loss of Medicaid coverage
- Other exceptional conditions

Contact the SSA for more information about these exceptions.

General Enrollment Period (GEP)

If you and/or your dependent miss the Initial or Special Enrollment Periods, you can enroll in Parts A and B during the General Enrollment Period.

- This period begins January 1 and ends March 31 each year.
- Medicare coverage typically starts the month after you enroll.

Important! Your Medicare and CalPERS health plan effective dates may be different depending on when we receive your Medicare enrollment information.

Medicare Late Enrollment and Re-enrollment Penalty

If you enroll in Medicare during the General Enrollment Period, you may face lifetime penalties for late enrollment.

Part A:

- If you enroll in Medicare Part A more than 12 months after you first became eligible, the SSA may charge a 10% federal late enrollment penalty.
- This penalty lasts for twice the number of years you delayed enrollment.
 - If you disenroll from Part A and later re-enroll, the months you were not enrolled will count toward the penalty.
 - You are responsible for paying the penalty.

Part B:

- If you don't enroll in Part B when first eligible, the SSA may charge a 10% federal late enrollment penalty for each 12-month period you delayed enrollment.
- This penalty is added to your monthly Part B premium and may last as long as you are enrolled in Part B.
 - You are responsible for paying the penalty.

Note: You are solely responsible for paying any penalties for late enrollment in Parts A or B.

CalPERS Medicare Enrollment Effective Date

The effective date of your CalPERS Medicare plan enrollment depends on when we receive your Medicare enrollment information:

Note: If there's a delay in providing your Medicare information to us, there may be a lapse in coverage.

If CalPERS receives Medicare enrollment information...	Then the CalPERS Medicare enrollment effective date is...
Before the Part B effective date	the Part B effective date listed on your Medicare card.
After the Part B effective date but within the 65th birth month	the first of the month after we receive the information.
After your 65th birth month	the Part B effective date or the first of the month after we receive the information, whichever is later.

Exceptions to Stay in a CalPERS Basic (Non-Medicare) Plan

You may remain in a CalPERS Basic plan (non-Medicare) under these exceptions:

- **Ineligible for Premium-Free Part A**
 - You or your qualifying spouse are not eligible for premium-free Medicare Part A.*
 - You must complete and submit the *Ineligibility of Medicare Certification form*.
- **Working Past Age 65 with Active Employer Group Coverage**
 - You and/or your dependent spouse are over 65, still working, and enrolled in an active employer group health plan.

- In this case, you can defer enrolling in Medicare Part B through the SSA until the active coverage ends.*
- If your active employer group health plan is a non-CalPERS health plan, please submit the *Ineligibility of Medicare Certification* form along with supporting documentation.
- **Eligible for Part A Before January 1, 1998, Without Part B**
 - You and/or your dependent were eligible for premium-free Part A before January 1, 1998, but did not enroll in Part B.

- **Retired from CSU Before January 1, 2001, Without Part B**
 - You and/or your dependent retired from the California State University before January 1, 2001, were eligible for premium-free Medicare Part A, but did not enroll in Part B.
 - This does not apply to participants in the Faculty Early Retirement Program, as these members are considered retirees under the CalPERS Health Benefits Program.
- **Loss of SSA Disability-Based Medicare Eligibility**
 - You and/or your dependent were enrolled in a CalPERS Medicare plan due to an SSA-qualified

disability, but SSA determines you are no longer eligible. Please contact us to be re-enrolled in a CalPERS Basic plan.

- **Living or Traveling Outside the U.S.**

- You live or are traveling outside of the United States where Medicare does not cover health care services.

**If you later become eligible for premium-free Medicare Part A (including through qualifying spouse's work history at age 62 or when active employer group health coverage ends), you must enroll in a CalPERS Medicare plan.*

Voluntary Enrollment Options

If you aren't required to enroll in a CalPERS Medicare plan, you may choose to enroll if you or your dependent meet any of the following conditions:

- **SSA-Qualified Disability**
 - If you are retired and under age 65 and enrolled in Part A and B due to a SSA-qualified disability.*
- **End-Stage Renal Disease**
 - If you have End-Stage Renal Disease, also known as kidney failure. You can be any age and can be actively working or retired.*
- **Ineligible for Premium-Free Part A**
 - If you don't qualify for premium-free Part A due to your work history, but you elect to pay the Part A premium to enroll.
- **Part B Only**
 - If you are retired and over 65, but ineligible for premium-free Part A, you can elect to pay for Part B only. Kaiser Permanente of California allows enrollment into their Kaiser Permanente Senior Advantage plan. This is the only CalPERS health plan that allows enrollment with Part B only.

- **CalSTRS Retirees**

- If you retired from the California State Teachers' Retirement System (CalSTRS) and are eligible for the CalSTRS Medicare Premium Payment Program. For more details, visit www.calstrs.com or call CalSTRS toll free at (800) 228-5453.

If you or your dependent meet any of these conditions, and you'd like to enroll in a CalPERS Medicare plan, you'll need to either:

- Send us a copy of your Medicare card or SSA documentation with your Medicare number and effective dates, or
- Complete and submit the **Certification of Medicare Status** form.

**The applicable SSA coordination periods must be completed before enrollment is effective. For more information, contact SSA.*

Important! If you or your dependent choose to enroll in a CalPERS Medicare plan, you cannot change your enrollment back to a CalPERS Basic plan unless Medicare coverage is involuntarily terminated or you or your dependent move out of the United States.

Additional Enrollment Considerations and Information

CMS Requirements

CMS must approve your enrollment in a Medicare Advantage plan and Medicare Part D. CalPERS and/or your health plan may contact you to obtain additional information required by CMS to complete your enrollment. If you're contacted for additional information, respond immediately to protect your health coverage.

If you are enrolled in a Medicare Advantage plan, CMS requires members to live in the plan's approved service area. You must provide CalPERS and your health plan with your residential address. Post office boxes are not permitted. If CalPERS is unable to verify your permanent residential address, your enrollment may be subject to cancellation, or you may be administratively enrolled in a Medicare Supplement plan.

If you move, you must contact CalPERS to update your residential address. An invalid residential address may result in cancellation of your health coverage, or an administrative health plan change to a Supplemental to Medicare plan.

COBRA and Medicare

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.

Additional guidelines regarding COBRA and Medicare may apply, such as:

- 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 dependent, you may continue COBRA Basic coverage for whatever time remains on your COBRA eligibility, or until you become Medicare-eligible.

Medicaid and Medicare

You and/or your dependent can have Medicare and Medicaid (known as Medi-Cal in California). Contact both the CMS and Medicaid regarding specifics on coordination of benefits.

Health Demographic Profile

We want to learn more about our members and determine which inequities exist for those we provide care for. By collecting demographic information, we can work to eliminate health disparities among our members.

Why We're Asking for Information

Demographic information has the power to reveal trends and help us identify whether changes need to be made in the way we provide access and treatment. This can lead to improved health outcomes for our diverse members. We're committed to making necessary changes to ensure everyone has the opportunity to live the healthiest life possible.

CMS requires our health plans to include available race and ethnicity data when submitting Medicare plan enrollment requests. This helps them work toward fairness and equity in health care.

Your Participation Is Voluntary

Providing your demographic data is optional, and CalPERS can't deny coverage if you choose not to provide it.

How to Share Your Information

If you'd like to provide additional demographics, including race and ethnicity information, you can complete the Health Demographic Profile. This can be done by either:

- Logging in to your myCalPERS account, or
- Visiting the **Health Demographic Profile** section on the CalPERS website.

CalPERS Medicare Plans

Health Plan Types

CalPERS offers Medicare Advantage plans and Medicare Supplement plans. Depending on where you live, one or more of these Medicare plan types may be available to you. For a full listing of plan options, log in to your myCalPERS account to access the **Search Health Plans** tool to compare plans in your area or refer to the **Health Benefit Summary**.

Medicare Advantage HMO Plans

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). These plans are available only to individuals who live in the plans' service areas. To remain a member of a plan, you must continue to reside in the plan service area.

Medicare Advantage PPO Plans

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. These plans are available only to individuals who live in the plans' service areas. To remain a member of a plan, you must continue to reside in the plan's service area.

Supplement to Medicare Plans

With a 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. If your providers participate in Medicare, your health plan will pay most bills for Medicare-approved services. If any of your providers do not accept Medicare payments, you will have to pay a larger portion of your health care bills. You can find out if you will have to pay more by asking your providers.

Combination Plans

A combination plan means at least one family member is enrolled in a Medicare plan and at least one family member is enrolled in a Basic plan. CalPERS requires all family members to have the same health carrier. Some CalPERS Basic plans do not offer a CalPERS-sponsored Medicare plan, so you may need to change your health plan. Consider your family's needs when enrolling in a Medicare plan.

CalPERS Health Plans and Medicare Part D

All CalPERS Medicare plans provide Part D prescription benefits.

Once you and/or your dependent are enrolled in a CalPERS Medicare plan, you are automatically enrolled in Part D. You can decline Part D enrollment, or opt out, by contacting your health plan. You may only opt out of the Part D portion of the plan and remain in the medical portion of the plan if you are enrolled in a Medicare Supplement plan. If you are enrolled in a Medicare Advantage plan and choose to opt out of the Part D coverage, your CalPERS health coverage will be canceled.

Reminder: Do not enroll in a non-CalPERS Medicare Part D plan. You may lose your CalPERS health coverage if you enroll in another Part D plan outside of CalPERS.

If you choose to opt-out of your CalPERS plan's Part D coverage:

- **Do Not Enroll in Another Part D Plan**
 - You may be cancelled from your CalPERS health coverage if you enroll in a Part D plan outside of CalPERS. *There may be an exception if you are eligible for TRICARE. You should contact your health plan for more information.*
- **Additional Costs**
 - You may experience claim issues that result in out-of-pocket expenses.
 - CMS may charge a Medicare late enrollment penalty.

Contact CalPERS immediately if you mistakenly declined coverage and would like to continue your CalPERS health coverage or enrolled in another Part D plan.

Changing Health Plans

You can change your health plan during these times:

- During CalPERS Open Enrollment period
- Within 60 days of major events, such as:
 - You retire
 - You or your dependent enrolls in Medicare
 - You move

CalPERS Open Enrollment is held every year in the fall. During Open Enrollment, you can enroll in a health plan, change health plans, or add/delete eligible dependents. Changes you make during Open Enrollment take effect January 1 of the next year. To view what plans are available, log in to your myCalPERS account.

You can change your plan during Open Enrollment or if you have a qualifying event by:

- Logging in to your myCalPERS account, or
- Submitting a **Health Benefits Plan Enrollment for Retirees and Survivors** form, or
- Calling **888 CalPERS** (or 888-225-7377).

Changing from a Medicare Plan to a Basic Plan

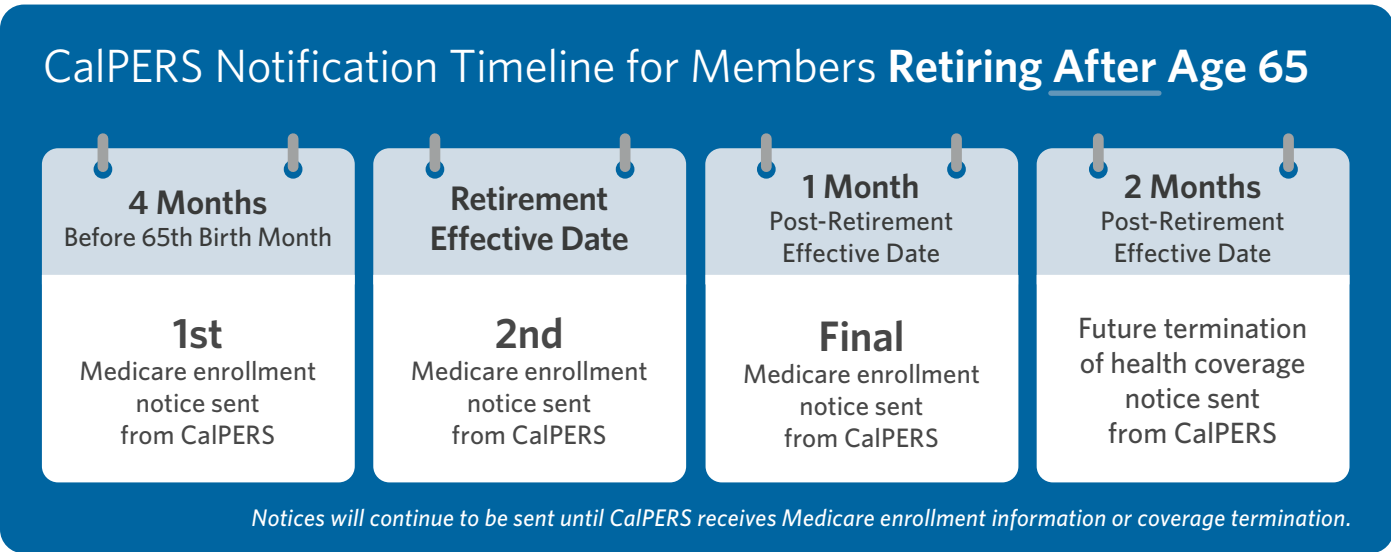
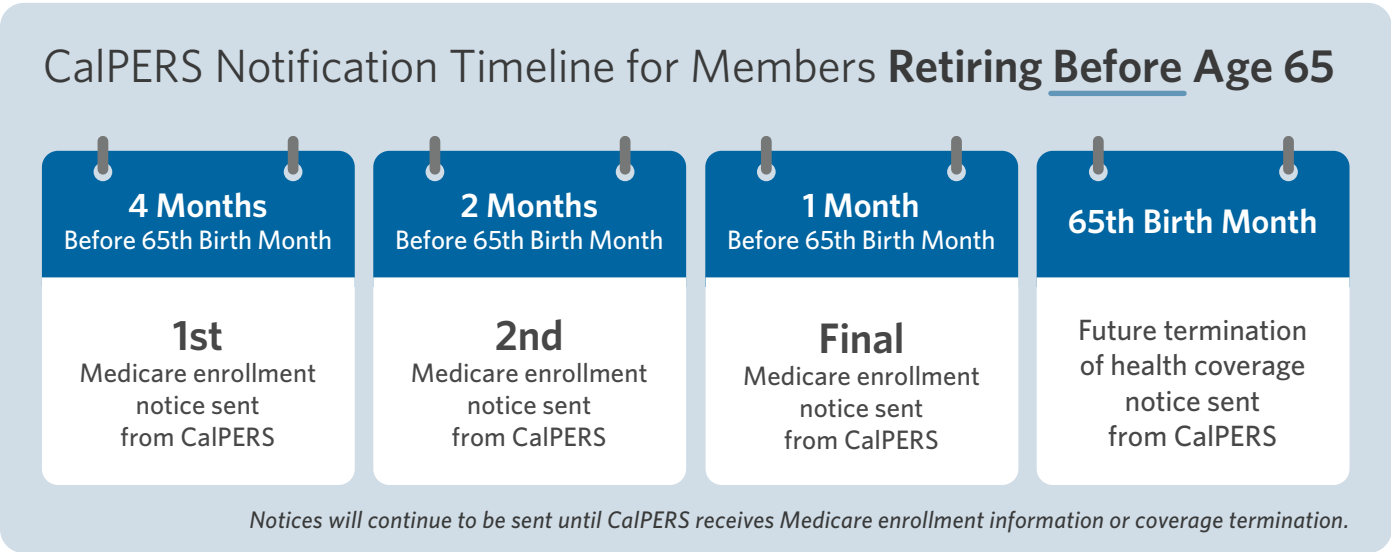
If you or your dependents are in a CalPERS Medicare health plan, you may only change back to a CalPERS Basic plan if:

- You permanently move outside the United States.
- You return to work and are enrolled in an active employer group health plan.
- Your Medicare benefits are involuntarily terminated.

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

CalPERS Notification Process

As you get closer to your 65th birthday, you'll receive information from SSA, your health plan, and CalPERS. We start sending notifications four months before you turn 65. Please carefully review the communication you receive to make sure your CalPERS health coverage continues.



Our notices contain important information, instructions, and forms on how to continue CalPERS health coverage when you're over 65.

Note: If we don't receive required Medicare information, it will result in cancellation of your CalPERS health coverage effective the first of the month after you turn 65.

Maintaining Your Enrollment

To avoid a lapse or cancellation in your CalPERS health coverage, make sure to:

- **Certify your Medicare status with CalPERS** before turning 65.
- **Enroll in Medicare Parts A and B on time** when you first become eligible through the SSA.
- **Send required documents** if:
 - You're ineligible for premium-free Medicare Part A, or
 - You're working past age 65 and covered under an active employer group health plan and want to stay in a CalPERS Basic (non-Medicare) plan.
- **Pay your Medicare premiums** to SSA once you're enrolled.
- **Provide your residential address** if you're in a Medicare Advantage plan.
- **Don't enroll in a non-CalPERS Medicare Part D** plan if you're already enrolled in a CalPERS Medicare plan.
- **Send any additional information** requested by CalPERS or your health plan.
- **Read and follow all instructions** provided in letters or messages you receive from CalPERS.

If your CalPERS health coverage gets canceled:

- You can request to have your coverage reinstated within 90 days of cancellation. Be sure to include supporting documentation from the SSA.
- If it's been more than 90 days, you may ask for re-enrollment through an administrative review process.

If your coverage isn't reinstated, you may re-enroll during the annual Open Enrollment period by providing a completed **Certification of Medicare Status** form along with the required documentation.

Our **Health Program Guide** provides additional information about enrollment requirements. Review this publication thoroughly to prevent a lapse in coverage.

Getting Help With Your Benefits

If you have questions about your CalPERS health benefits and you are an active member, contact your employer's health benefits officer. If you are a retiree, contact CalPERS.

Contacting 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 myCalPERS at **my.calpers.ca.gov**.

By Phone

Call CalPERS toll free at **888 CalPERS** (or **888-225-7377**) Monday through Friday, 8:00 a.m. to 5:00 p.m.
TTY (877) 249-7442 (for speech and hearing impaired)

By Mail or Fax

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

In Person

To schedule a Regional Office appointment, log in to your myCalPERS account and select the Education tab, then Appointments. Virtual appointments are available by request.

You can visit a Regional Office at the following locations:



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**. You can obtain the **Evidence of Coverage** on the **Forms & Publications** page of our website at **www.calpers.ca.gov** or 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

Medicare & You Handbook

www.medicare.gov/medicare-and-you

Health Insurance Counseling and Advocacy Program (HICAP)

(800) 434-0222

www.aging.ca.gov/Programs_and_Services/Medicare_Counseling

Social Security Administration (SSA)

(800) 772-1213

TTY: (800) 325-0778

www.ssa.gov

Appeal Process

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. This section provides information about specific ways your health plan and CalPERS can help.

CalPERS Administrative Review Process

If CalPERS cancels your health coverage, you can request an Administrative Review. The Administrative Review process helps us decide if your coverage should be reinstated. You must request an Administrative Review within 90 days of losing coverage by writing to:

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

Once we have all your information, we will review your request. We will tell you within 60 days if your coverage will be reinstated. If your coverage is not reinstated, we will tell you why.

Appealing a Health Plan's Decision

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

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.

Review Level	Process	Timeline
Review 1 Health Plan Review	<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.
Review 2 Independent External Review (IRO)	<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.
Review 3 CalPERS Administrative Review (AR)	<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.
Review 4 CalPERS Administrative Hearing (AH)	<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 5 Reconsideration by the Board	<p>If the Board accepts the reconsideration, the Board will set a date to hear the case.</p> <p>Additional information is available in the EOC.</p>	<ul style="list-style-type: none"> N/A

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.

CalPERS Notice of Agreement for Arbitration

Enrolling in certain health benefit plans constitutes your agreement that any dispute(s) you have with the plan, including medical malpractice, that is, whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, as well as any dispute(s) relating to the delivery of service under the plan will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. By enrolling in one of these plans, you are giving up your constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. Please refer to the health plan's **Evidence of Coverage** for details.

Your Rights & Privacy

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: 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.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if you have been given proper notice and an opportunity to object.
- **Law Enforcement.** We may release your PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process.
- **National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose PHI about you to authorized federal or state officials, so they may provide protection to the President, other authorized persons, or foreign heads of state.

- **Privacy Rule Investigations.** We may disclose PHI to the Secretary of 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 Social Security Administration. Members under age 65 enrolled in Medicare Parts A and B with the Social Security Administration 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 End-Stage Renal Disease (ESRD) that have completed any applicable coordination periods with Social Security Administration.

Centers for Medicare & Medicaid Services

A federal agency created in 1977 under the Department of Health and Human Services, the Centers for Medicare & Medicaid Services 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, Consolidated Omnibus Budget Reconciliation Act 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 Centers for Medicare & Medicaid Services 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.

Department of Aging

California Department of Aging contracts with 33 Area Agencies on Aging, which directly manage a wide array of federal and state-funded services that provide meals and support services to assist older individuals as well as younger adults with disabilities to live as independently as possible.

Dependent

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

Employer Contribution

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

Employer Group Health Plan

Health coverage you receive through either your own or your spouse's active employment.

Employer Group Waiver Plan

Employer Group Waiver Plans are prescription drug plans governed by the Centers for Medicare & Medicaid Services.

Faculty Early Retirement Program

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

Health Benefit Officer

A designated, trained agency representative authorized to serve as the primary contact for employee health benefits, sign enrollment forms, process health transactions, and provide health eligibility and enrollment information.

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.

Health Insurance Counseling and Advocacy Program (HICAP)

HICAP is funded by the California Department on Aging and administered by the Area Agencies on Aging. HICAP provides free, confidential assistance with Medicare, and health insurance related issues. When appropriate, HICAP can provide legal assistance and/or referrals for legal assistance with Medicare and health insurance related issues.

Non-Participating Provider

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

Out-of-Pocket Costs

The amount an individual pays to receive health care. An example is a copay amount.

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.

Pharmacy Benefit Manager

A company that manages the prescription drug benefits portion of a health insurance plan.

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

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

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.

Social Security Administration

An agency under the Executive Branch of the U.S. government, the Social Security Administration is responsible for delivery of Social Security services including Medicare. The Social Security Administration is also responsible for determining Medicare eligibility and premiums, and for Medicare enrollment. You should contact the Social Security Administration 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.

About CalPERS

The CalPERS Health Benefits Program is a nationally recognized leader in the health care industry. Our expertise and influence allow us to deliver quality, affordable, and equitable 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 is governed by the Public Employees' Medical and

Hospital Care Act (PEMHCA) and provides benefits to over 1.5 million public employees, retirees, and their families.

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



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HBD-65
Produced by CalPERS
Communications and Stakeholder Relations
Office of Public Affairs
August 2025.8.1