

# HEALTH PLAN BENEFIT CHANGES

## Benefit Changes:

- (1) CalPERS HMO plans (Blue Shield, Kaiser and Western Health Advantage) have no benefit changes in 2005.
- (2) Effective January 1, 2005, PERS Choice and PERSCare members will pay a higher copayment for maintenance drugs if they do not begin using mail order after the second fill of a prescription. If members continue to use a retail pharmacy for maintenance drugs, the higher mail order copayment will apply (\$10 generic, \$25 preferred, and \$75 non-preferred), but they will receive only a 30-day supply (compared to the 90-day mail order supply). Affected members will receive more information about this change from Caremark, the pharmacy benefit manager for PERS Choice and PERSCare.
- (3) Two association plans, CAHP and CCPOA, have benefit changes in 2005. Contact each association for more information.

## Blue Shield Provider Network Change:

As approved by the CalPERS Board of Administration and subject to approval by the Department of Managed Health Care, up to 38 hospitals will be excluded from the Blue Shield CalPERS 2005 provider network. As a result, some members will have to change providers in order to remain with Blue Shield or may retain their provider by signing up for the PPO. Affected members will receive more information from Blue Shield regarding this change prior to the start of Open Enrollment.

# HEALTH PLAN CONSIDERATIONS

## Medicare Eligible Enrollees

State law requires retirees and their dependents who are eligible for Medicare Part A (hospital insurance) to enroll in Medicare Part B (medical insurance) and transfer to a CalPERS-sponsored Medicare health benefits plan. All retirees must certify their Medicare status by submitting satisfactory evidence of Medicare enrollment in Part A and Part B, ineligibility or deferral.

Medicare eligibility is based on Social Security and/or Medicare covered employment. If you are not eligible for Medicare, you may be eligible through your spouse (current, former, deceased or future) who worked. Contact the Social Security Administration at (800) 772-1213 to determine your Medicare eligibility or visit their Web site at [www.ssa.gov](http://www.ssa.gov)

For more information about CalPERS and Medicare, review our publication *Understanding Medicare*. Use the attached postcard to request this publication.

# 20 4 HEALTH PLAN STATEMENT

*Your personalized health benefits information as of July 1, 2004*

## QUALITY MATTERS!

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



## Dear CalPERS Health Program Member:

This year, Open Enrollment is **September 15 - October 15**. For 2005, the CalPERS Board adopted regional pricing for its contracting agencies. The new regional premiums vary among five (5) geographic regions and become effective January 1, 2005. **They affect active employees and retirees who are on the Basic Plans only.**

Two publications are included with this statement to help you in the decision-making process. The **Health Plan Decision Guide** provides the 2005 health premium rates, pricing regions and other important health benefit information. The **Health Benefit Summary** provides a detailed summary of benefits offered by the health plans.

Your health plan statement provides you with a summary of your family's current health plan enrollment information. If you wish to make a health plan change or the

personal information on page 2 is not accurate, contact your Health Benefits Officer (active employees) or contact CalPERS (retirees).

**If you do not wish to change** from your current health plan and your enrollment information is correct, **you do not need to do anything**. CalPERS will automatically enroll you in your current plan within the appropriate region. Other useful books about the CalPERS health program **may be ordered by mailing the pre-paid postcard** (page 3) no later than September 1, 2004.

You may request to have materials mailed to a **different address** other than the one in our records by filling out the address section on the front of the pre-paid postcard. **CalPERS cannot honor this address as a change of address**. To change your address, contact your personnel office (active employees) or contact CalPERS (retirees).




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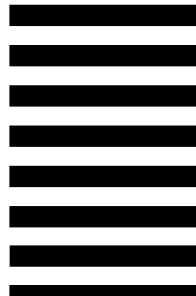
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Check if changing mailing address for Open Enrollment materials only.

  
**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 1417 SACRAMENTO CA  
POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES





## 2004 HEALTH PLAN PERSONAL INFORMATION

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

The following individuals are enrolled under your health plan:

Relationship Code	Name	Date of Birth	Health Coverage Code

### RELATIONSHIP CODES:

0	self
1	spouse
2	child
3	stepchild
4	economically dependent child
5	adopted child
6	domestic partner
7	domestic partner's economically dependent child
15	sibling (surviving children of a deceased member)
99	unknown

### HEALTH COVERAGE CODES

B	Basic
M	Medicare

\* The eligibility ZIP code is used to determine the health plans in which you are eligible to enroll. You may choose either your home or current work address ZIP code to establish your eligibility. Retirees cannot use the address of the agency from which they retired to establish eligibility. You can get a list of available health plans based on eligibility ZIP codes from your employer, the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) or by contacting the CalPERS Customer Contact Center at (888) CalPERS (225-7377).

**NOTE:** Evidence of Coverage booklets or duplicate cards can be obtained by contacting the health plans directly.

## HEALTH PLAN PREMIUM RATES

Due to the introduction of regional pricing for contracting agencies, customized health premium information is not being provided in this section. Premiums will differ among five (5) regions to reflect varying market costs. Please refer to the Health Plan Decision Guide for a complete listing of all health premium rates. The chart below shows a current listing of all health plans available for the year 2005.

Health Plan	Phone number
Blue Shield HMO & EPO	(800) 334-5847
Kaiser Permanente (CA)	(800) 464-4000
Kaiser Permanente (out-of-state)	(800) 464-4000
PERSCare	(877) 737-7776
PERS Choice	(877) 737-7776
PORAC**	(800) 288-6928
Western Health Advantage	(888) 563-2251

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

**Notice of Privacy Practices:** CalPERS is responsible for protecting the medical information we hold about you and you have certain rights to access your medical information. CalPERS Notice of Privacy Practices explains how medical information about you may be used and disclosed. You may visit our Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) to access the Notice of Privacy Practices or review your *Health Plan Decision Guide*, which is included in your Open Enrollment packet. If you have any questions you may also contact us at (888) CalPERS (225-7377).



### IMPORTANT DATES

#### August 16 - September 16

Requested booklets will be mailed to you.

#### September 15 - October 15

Open Enrollment period

#### September 15

Open Enrollment materials are available online on our Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov)

#### January 1, 2005

Your Open Enrollment health plan changes become effective.

### 2004 REQUEST POSTCARD (CHECK ONLY THE ITEMS YOU WANT TO RECEIVE)

#### Other Booklets

- Quality Report
- Understanding Medicare booklet (Rev. 07/04)
- Health Program Handbook (Rev. 09/02)

**AUG. 16 - SEPT. 16 — REQUESTED MATERIALS WILL BE MAILED TO YOU!**

Postcard expires 09/01/2004