

Medicare Enrollment Guide

A practical guide to understanding how CalPERS and Medicare work together



About CalPERS

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 provides benefits to 1.5 million public employees, retirees, and their families. At CalPERS, we understand that making decisions about your health care can be a complex and important process. We have designed this publication to help you understand how your Medicare benefits work with your CalPERS health benefits.

Depending on where you reside or work, your health plan options may include:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)

The CalPERS Board of Administration annually determines health plan availability, covered benefits, health premiums, and co-payments.

Whether you are working or retired, your employer or former employer makes monthly

contributions toward your health premiums. The amount of this contribution varies. Your cost may depend on your employer or former employer's contribution to your premium, the length of your employment, and the health plan you choose. For monthly contribution amounts, active employees should contact their employer, State retirees should contact CalPERS, and contracting agency retirees should contact their former employer.

CalPERS Health Program Vision Statement

CalPERS will lead in the promotion of health and wellness of our members through best-in-class, data-driven, cost-effective, quality, and sustainable health benefit options for our members and employers.

We will engage our members, employers, and other stakeholders as active partners in this pursuit and be a leader for health care reform both in California and nationally.

About This Publication

The *CalPERS Medicare Enrollment Guide* provides information about how Medicare works with your CalPERS health benefits. (See pages 2-4 for a description of the different parts of Medicare.) For eligibility information and an explanation of when you need to enroll in a CalPERS Medicare health plan, see page 5.

This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- **Health Program Guide:** Describes Basic and Medicare 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 co-payment information for all CalPERS health plans

You can obtain the above publications and other information about your CalPERS health benefits through my|CalPERS at my.calpers.ca.gov or by calling CalPERS at 888 CalPERS (or 888-225-7377).

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Where to Get Help With Your Health Benefits Enrollment

Once you retire, CalPERS becomes your health benefits officer. Contact CalPERS directly to make all health benefit enrollment changes.

You may log in to your my|CalPERS account to send a secure message, call us toll free at **888 CalPERS** (or **888-225-7377**) or write to us at P.O. Box 942715, Sacramento, CA 94229-2715 for assistance. If you are working, contact your employer's health benefits officer to make all health benefit enrollment changes.

Understanding Medicare

Medicare is a federal health insurance program for individuals:

- Age 65 and older
- Under age 65 with certain Social Security-qualified disabilities
- With End-Stage Renal Disease (ESRD)
- With Amyotrophic Lateral Sclerosis (ALS, or Lou Gehrig's Disease)

The Social Security Administration (SSA) is the federal agency responsible for Medicare eligibility determination, enrollment, and premiums. The Centers for Medicare & Medicaid Services (CMS) regulates the Medicare program. CMS publishes *Medicare & You*, a handbook that provides general

information about Medicare. You can view or download this publication at www.medicare.gov.

If you are eligible for premium-free Medicare Part A, CalPERS requires you to enroll in Part A and Part B, and then transfer into a CalPERS Medicare health plan to continue CalPERS health coverage. These requirements are regulated by Government Code 22844.

The following section provides basic information about the parts of Medicare, which will help you understand eligibility guidelines and enrollment in your CalPERS health plan.

For more information about Medicare benefits, premiums, enrollment, and eligibility issues, contact the SSA at (800) 772-1213 or TTY (800) 325-0778, or visit their website at www.ssa.gov.

Medicare Part A (Hospital)

Medicare Part A is hospital insurance that helps pay for inpatient hospital stays, skilled nursing facilities, hospice care, and some home health care.

You or your dependents may become eligible for premium-free Medicare Part A in one of the following ways:

- If you are age 65 or older and you have worked for at least 10 years (40 quarters) in Social Security/Medicare-covered employment.
- Through the work history of a current, former, or deceased spouse.
- If you have ESRD, ALS, or a Social Security-qualified disability and meet certain SSA requirements.

Note: CalPERS requires you to enroll in Medicare Part A only if you are eligible for premium-free Medicare Part A. If you are not eligible for premium-free Medicare Part A through your own work history, you may be eligible for premium-free Medicare Part A through the work history of a spouse who became eligible prior to turning age 65 (eligibility may be determined through a current, former, or deceased spouse).

Medicare Enrollment Periods

SSA has specific deadlines for enrolling in Medicare. For details, please refer to the Medicare & You handbook published by CMS and available at www.medicare.gov. For additional information you can contact SSA toll free at (800) 772-1213 or TTY (800) 325-0778, or visit their website at www.ssa.gov.

Medicare Part B (Medical)

Medicare Part B is medical insurance that helps pay for outpatient health care expenses, including doctor visits.

Part B Enrollment

If you are enrolled in a CalPERS Medicare health plan, you must pay for and maintain enrollment in Medicare Part B to remain enrolled in the CalPERS health program.

Important notes about Medicare Part B:

- When you and/or your dependent are eligible to enroll in Medicare Part B, contact the SSA:
 - Prior to your 65th birth month, or
 - If you are under age 65 and have ESRD, ALS, or SSA-qualified disability.
- If you are retired and you and/or your dependent are eligible for premium-free Medicare Part A, you and/or your dependent must enroll in Medicare Part A and Part B and transfer to a CalPERS Medicare health plan to continue your CalPERS health coverage.
- If you do not enroll in Medicare Part B when you are first eligible, you may have to wait until the next enrollment period. You may be subject to a federal late enrollment penalty and your premium may be higher. You may experience a lapse in your CalPERS health coverage.

- If CMS disenrolls you from Part B for non-payment of the Part B premium, your enrollment in the CalPERS Medicare health plan will be cancelled. To enroll in Part B, you may have to wait until the SSA's next enrollment period, which may delay your reinstatement in a CalPERS Medicare health plan. SSA will determine your Part B effective date. In the meantime, you may not be enrolled in a CalPERS Basic health plan.

Part B Premium

Each year CMS announces the Medicare Part B premium for the following year. The monthly Medicare Part B premium must be paid to the SSA to remain enrolled in Part B. SSA bases your Part B premium on your annual income. SSA determines a standard Part B premium amount; however, if your income exceeds established thresholds, the SSA adjusts the standard Medicare Part B premium by an Income-Related Monthly Adjustment Amount (IRMAA). If you receive SSA benefits, the Part B premium will be deducted from your SSA benefits; otherwise, SSA will bill you quarterly.

Medicare Advantage Plans (Medicare Part C)

Medicare Advantage, also referred to as Medicare Part C, is a CMS-approved health coverage option that is provided by private insurance under contract with CMS. Medicare Advantage plans include Part A (Hospital Insurance) and Part B* (Medical Insurance). Some Medicare Advantage plans also include Part D (Pharmacy).

CMS must approve your enrollment into a CalPERS Medicare Advantage plan. If CMS disenrolls or rejects your CalPERS Medicare Advantage plan enrollment, your CalPERS health coverage may be cancelled.

CMS requirements include the following:

- You must be enrolled in Part A and Part B*
- You must be eligible for Part D
- You must provide a residential address
- You must reside in the Medicare Advantage plans service area
- You may only be enrolled in one Medicare Advantage plan at a time

****Note:** Kaiser members not eligible for premium-free Part A may enroll only in Part B and may still be eligible to enroll in the Kaiser Permanente Senior Advantage plan.*

Medicare Part D (Prescription Drug)

Medicare Part D is a voluntary federal outpatient prescription drug benefit available to everyone with Medicare. The Medicare Part D premium is paid to your health carrier as part of the CalPERS health premium. As with Medicare Part B, if your income exceeds established thresholds, SSA will assess an additional income-related monthly adjustment (IRMAA) amount that must be paid to SSA. Payment of this amount is mandatory to protect your Medicare enrollment and eligibility to remain enrolled in a CalPERS Medicare health plan.

If you are receiving SSA benefits, the additional premium will be deducted from your Social Security benefits. If not, you will be billed quarterly by SSA.

***Note:** To be enrolled in a CalPERS Medicare health plan, you cannot be enrolled in a non-CalPERS Medicare Part D plan. You may only be enrolled in one Medicare Part D plan at a time.*

Do Not Enroll in a non-CalPERS Medicare Part D Plan

Your CalPERS coverage includes enrollment in a Medicare Part D Plan. Do not enroll in a non-CalPERS Medicare Part D plan. If you or your dependents are covered by CalPERS and another health plan that includes Medicare Part D prescription drug benefits, you must cancel that Part D coverage to enroll in or continue enrollment in a CalPERS Medicare health plan.

When to Enroll in a CalPERS Medicare Health Plan

If you and/or your dependents are enrolled in a CalPERS Basic health plan under retirement status and become Medicare eligible, you must first enroll in Medicare Part A and Part B with SSA and transfer to a CalPERS Medicare health plan to continue your CalPERS health coverage.

Eligibility Guidelines for CalPERS Medicare Health Plans

If you are currently enrolled in a CalPERS Basic health plan, you and/or your dependents are eligible to enroll in a CalPERS Medicare health plan under any of the following circumstances:

- You are age 65 or older, retired, and eligible for premium-free Medicare Part A in your own right or through the work history of a current, former, or deceased spouse (you must enroll and pay for Medicare Part B).
- You and/or your dependents are any age, have End-Stage Renal Disease (ESRD) or Amyotrophic

Lateral Sclerosis (ALS), and have completed any applicable coordination periods with SSA.

- You are retired and you and/or your dependents have a Social Security-qualified disability.
- You are retired from a California State Teachers' Retirement System (CalSTRS) employer and are eligible for the CalSTRS Medicare Premium Payment Program. For more details, see page 8 of this booklet, visit www.calstrs.com, or call CalSTRS toll free at (800) 228-5453.

Requirements to Continue CalPERS Health Coverage at Age 65 and Over

You will receive a notification from CalPERS four months prior to the month you turn 65. This notification informs you of CalPERS requirements to continue your health coverage, Medicare Enrollment and Eligibility Information, Medicare Plan Options, and an *Ineligibility of Medicare Certification* form. If you are eligible for premium-free Medicare Part A, you must enroll in Medicare Part A and Part B and transfer to a CalPERS Medicare health plan.

SSA allows you to enroll in Medicare Part A and Part B three months prior to your 65th birth month. By enrolling in Medicare Part A and Part B prior to your 65th birth month, CalPERS will work with CMS to obtain your Medicare information and automatically transfer you to a CalPERS Medicare health plan.

If you are ineligible for premium-free Medicare Part A or if you are deferring enrollment in Medicare Part B, you must complete the *Ineligibility of Medicare Certification* form. To continue your health coverage, the form must be submitted to CalPERS with copies of supporting documentation prior to your 65th birth month to prevent cancellation of your CalPERS health coverage.

If CalPERS is unable to obtain your Medicare information from CMS and cannot automatically enroll you in a CalPERS Medicare health plan or if you have not returned an *Ineligibility of Medicare Certification* form, you will receive a notification of cancellation enclosed with a *Certification of Medicare Status* form. CalPERS requires that you complete

this form and provide supporting documentation to continue your CalPERS health coverage.

The ***Certification of Medicare Status*** must be received by CalPERS with documentation certifying one of the following choices:

- Enrollment in Medicare Part A and Part B (submit a copy of your Medicare card or SSA documentation that includes your Medicare Beneficiary Identifier (MBI))
- Ineligible for Medicare in your own right and not eligible through the work history of a current, former, or deceased spouse (submit SSA documentation)
- Deferred enrollment in Medicare Part B due to your or your spouse's employment (submit proof of enrollment in an active Employer Group Health Plan (EGHP) through current employer)

Important! To ensure timely processing of any documents mailed to CalPERS, please note your CalPERS Identification number (CID) number on all pages submitted.

If you are retired, turning age 65, and you do not complete and return the ***Certification of Medicare Status*** form as instructed above, you will receive a notice of cancellation informing you that health coverage for yourself and all enrolled dependents will be automatically cancelled the first day of the month after you turn 65.

If you need assistance completing the forms, contact CalPERS toll free at **888 CalPERS** (or 888-225-7377).

Important Note: Your CalPERS Medicare health plan will become effective on your Medicare effective date as determined by SSA or the first day of the month following CalPERS receipt of the ***Certification of Medicare Status*** form, whichever is later.

Ineligibility for Medicare

If you are ineligible for premium-free Medicare Part A, you must complete and return the ***Ineligibility of Medicare Certification*** form or the ***Certification of Medicare Status*** form with the reason for your ineligibility:

- Do not have 40 quarters in Social Security/Medicare-covered employment
- Do not qualify through the work history of a current, former, or deceased spouse

The reason for your ineligibility must include supporting documentation from the SSA such as a copy of the Social Security statement or letter from the SSA indicating that you are not eligible for Medicare based on your work record and/or the work history of a current, former, or deceased spouse.

Once this information is received and confirmed by CalPERS, you may remain in a CalPERS Basic health plan.

Not Qualified for Medicare Part A

If you do not qualify for premium-free Medicare Part A based on your Social Security/Medicare work record or the record of your current, former, or deceased spouse, you may remain in a CalPERS Basic health plan. If you later qualify for Medicare Part A at no cost, you must enroll in Medicare Part B and in a CalPERS Medicare health plan. If you are a CalSTRS retiree and need to determine your eligibility for their Medicare Premium Payment Program, contact CalSTRS toll free at (800) 228-5453.

Note:

- If you are not currently eligible for premium-free Medicare Part A in your own right, you may be eligible for it when your spouse turns 62. To find out if you are eligible through a spouse, contact the SSA at (800) 772-1213 or TTY (800) 325-0778, or visit their website at www.ssa.gov.
- If you become eligible and delay enrollment, you may be subject to a federal late enrollment penalty.

Deferred Enrollment in Medicare Part B

You or your spouse can defer enrollment in Medicare Part B if either of the following apply:

- You are still working and enrolled in an active EGHP
- Your spouse is still working and you are covered under his or her active EGHP

If you are deferring enrollment in Medicare Part B, you must complete and return the *Ineligibility of Medicare Certification* form or the *Certification of Medicare Status* form with supporting documentation showing proof of enrollment in an active EGHP through the current employer. Once this information is received and approved by CalPERS, you may remain in a CalPERS Basic health plan until retirement or until you lose your active coverage in the EGHP.

Note: *The option to defer your enrollment in Part B does not apply to workers in the California State University (CSU) System Faculty Early Retirement Program (FERP). If you are working under a FERP contract and are eligible for premium-free Medicare Part A, you must enroll in Medicare to retain your CalPERS health coverage.*

Cancellation of CalPERS Health Coverage

Your action is necessary to ensure a successful transition from a CalPERS Basic health plan to a CalPERS Medicare health plan. Carefully review and follow instructions provided in the letter received from CalPERS four months prior to your 65th birth month. CalPERS is unable to keep members enrolled in a CalPERS Basic health plan for the following reasons:

- You are Medicare eligible and you did not enroll in Medicare Part A and/or Part B
- You did not provide proof of Medicare ineligibility; or
- You did not notify CalPERS of Medicare Part B deferment due to having EGHP through active employment

If your health plan coverage is terminated, you may request re-enrollment through the request for administrative review process within 90 days of the date the coverage is cancelled by writing to:

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

The request for administrative review must state the grounds on which it is requested, the relief that is sought, and include any supporting evidence.

You will receive a determination within 60 days of CalPERS' receipt of all pertinent information informing you if your coverage will be reinstated. If your coverage is not reinstated, you may re-enroll during CalPERS annual Open Enrollment period by providing a completed *Certification of Medicare Status* form with the required supporting documentation.

Enrolling in a CalPERS Medicare Health Plan

- ✓ Apply for Medicare Parts A and B three months before you turn 65 by contacting the SSA toll free at (800) 772-1213 or TTY (800) 325-0778. Be prepared to provide your and your spouse's Social Security numbers.
- ✓ CalPERS will work with CMS to obtain your Medicare information and automatically transfer you to a CalPERS Medicare health plan.
 - You may request a change in health plans within 60 days of enrollment in a Medicare health plan.
 - To find CalPERS health plans available in your area, utilize the Health Plan Search by Zip Code tool on the CalPERS website.

Note for CalSTRS Retirees

If you do not qualify for premium-free Medicare Part A, please contact CalSTRS about their Medicare Premium Payment Program to determine if you can obtain Medicare Part A at no cost. To determine your eligibility for this program, visit www.calstrs.com, or call (800) 228-5453.

Moving

Contact your health plan and CalPERS if you move. Medicare health plans have specific rules associated with changing health plans due to a move. Notifying CalPERS of your change of address and inquiring about potential health plan changes will allow for a smooth transition of your health coverage. Contact CalPERS to change your address at **888 CalPERS** (or **888-225-7377**).

CalPERS Medicare Health Plan Enrollment Exceptions

You may be ineligible to enroll in a CalPERS Medicare health plan due to Medicare exemption reasons. Following are examples of circumstances that may allow you to remain enrolled in a CalPERS Basic health plan:

- Neither you nor your spouse qualifies for premium-free Medicare Part A .
- You or your spouse works past age 65 and are enrolled in an active EGHP through that employment.
- You were eligible for Medicare Part A and Part B before January 1, 1998, but you did not enroll in Part B.
- You retired from the California State University (CSU) system and qualified for Medicare Part A and Part B before January 1, 2001, but you did not enroll in Part B. This does not apply to participants in the CSU system's FERP.

- You were eligible for Medicare because of a disability, but the SSA determined you are no longer disabled and you no longer qualify for premium-free Medicare Part A.
- You moved permanently outside of the United States.

Return the Ineligibility of Medicare Certification Form or the Certification of Medicare Status Form

If you do not return the proper documentation prior to the last day of the month you turn 65 your CalPERS health coverage will automatically be cancelled the first day of the month following your 65th birthday.

Continuing to Work After Retirement

If you are working after retirement from CalPERS employment, your health plan options depend upon whether you and/or your spouse are covered by an active EGHP.

You Are Not Enrolled in An Active Employer Group Health Plan

If you are working after retirement and not enrolled in an active EGHP (your own or your spouse's), you may continue your CalPERS health coverage by certifying your Medicare status. If eligible for Medicare, you must enroll in Medicare and transfer into a CalPERS Medicare health plan. If you are ineligible for Medicare, you must provide documents supporting your ineligibility.

You Are Enrolled in An Active Employer Group Health Plan

If you are working after retirement and you are enrolled in an active EGHP through a current employer (your own or your spouse's), you may enroll in Medicare Part A and/or Part B, and remain enrolled in a CalPERS Basic health plan. You may defer enrollment in Medicare and remain in a CalPERS Basic health plan as long as you are working and enrolled in an active EGHP through current employment.

When you retire or lose coverage through the active EGHP, immediately enroll in Medicare Part B and contact CalPERS to transition into a CalPERS Medicare health plan.

If you are ineligible for Medicare, you must provide documents supporting your ineligibility.

Medicare Enrollment (Under Age 65)

If a member or a dependent is enrolled in Medicare Parts A and B, they or their dependent(s) may be eligible to enroll in a CalPERS Medicare health plan. If the member is retired, they may provide their and/or their dependents Medicare Part A and Part B information to CalPERS by submitting a copy of their Medicare card and elect to transfer to a CalPERS Medicare health plan. Enrollment into a CalPERS Medicare health plan

will be processed and effective the first of the month following receipt of all necessary documentation. For active employees and their dependents, federal law limits enrollment into a CalPERS Medicare health plan to those diagnosed with Amyotrophic Lateral Sclerosis (ALS) or End-Stage Renal Disease (ESRD) that have completed any applicable coordination periods.

CalPERS Medicare Health Plan Options

CalPERS offers several Medicare health plans. When you retire, become Medicare eligible, and enroll in Medicare Part A and Part B, CalPERS will enroll you in a CalPERS Medicare health plan of your choice. If you do not choose a new health plan, CalPERS will automatically transfer you into a board-approved Medicare health plan.

Your current CalPERS Basic health plan may not offer a CalPERS sponsored Medicare health plan, therefore a health plan change is required.

There are two types of Medicare plans available:

- HMO - A Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the

plan. You pay co-payments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.

- PPO - A Preferred Provider Organization (PPO) is similar to a traditional “fee-for-service” plan, but you must use doctors in the PPO provider network or pay higher co-insurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You’re responsible for a certain co-insurance amount and the plan pays the balance up to the allowable amount.

For more information on transitioning to a Medicare health plan and Combination Plans, visit www.calpers.ca.gov.

To Compare Benefits Between Health Plans

Refer to the Health Benefit Summary available at the CalPERS website at www.calpers.ca.gov. You can also check the availability of health plans in a specific ZIP code on the CalPERS website at www.calpers.ca.gov, through my|CalPERS at my.calpers.ca.gov, or by calling CalPERS toll free at 888 CalPERS (or 888-225-7377).

You may make changes to your health plan in any of the following ways:

- Through my|CalPERS at my.calpers.ca.gov
- By completing a Health Benefits Plan Enrollment form and mailing it to CalPERS at P.O. Box 942715, Sacramento, CA, 94229-2715 or faxing it to (800) 959-6545
- By calling CalPERS toll free at 888 CalPERS (or 888-225-7377).

Combination Enrollments

A combination enrollment means at least one family member is enrolled in a CalPERS Medicare health plan and at least one family member is enrolled in a CalPERS Basic health plan. CalPERS requires that all covered family members are enrolled with the same health carrier.

Note: If a Medicare eligible member enrolls in a CalPERS Medicare health plan, it may require a change in the health carrier which may impact family members enrolled in a Basic health plan

Medicare Advantage Plan HMO Plan

With a Health Maintenance Organization (HMO) Medicare Advantage plan, you work closely with your PCP to get the care you need. You pay no additional costs, other than applicable co-payments, when you receive services from the HMO'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). A Medicare Advantage plan has been approved by CMS and receives a monthly payment directly from CMS to provide your Medicare benefits.

HMO and Medicare Advantage Requirements

HMO and Medicare Advantage plans are geographically restricted. You must reside within the health plan's service area. When enrolling in these plans, you must provide your residential address to enroll.

Medicare Advantage PPO Plan

Medicare Advantage Preferred Provider Organization (PPO) Plan includes Medicare health benefits in all 58 counties in California, as well as all of the U.S., and five U.S. territories. Members have access to all providers that accept Medicare. No Primary Care

Physician (PCP) selection required, no referrals required to see a specialist, and there is no annual deductible. The Medicare Advantage PPO plan must submit your enrollment to CMS for approval.

PPO Supplement to Medicare Plans

With a PPO Supplement to Medicare plan, your provider bills Medicare for most services and your health plan pays for some services not covered by Medicare. If your providers participate in Medicare, your health plan will pay most bills for Medicare-approved services. In most cases, your provider, Medicare, and the health plan will coordinate claim payments.

If any of your providers do not accept Medicare payments directly, 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 if they accept Medicare direct payment. This means that the provider accepts the Medicare limits on fees for services and will not charge more than those limits. If the provider accepts Medicare rates, you will

not be responsible for excess charges. If the provider does not accept Medicare rates, you must pay for any part of the bill that your plan does not cover.

Some providers choose not to participate in the Medicare program and will ask you to sign a contract stating that the provider has opted out of Medicare and that you agree to pay the charges. Neither Medicare nor CalPERS PPO Supplement to Medicare plans allow any payment for providers who have opted out of Medicare.

If your provider has been excluded from Medicare (i.e., your provider no longer receives payment for items or services from Medicare), no payment will be made under your CalPERS PPO Supplement to Medicare plan.

CalPERS Health Plans and Medicare Part D

CalPERS participates in the Employer Group Waiver Plan (EGWP). EGWPs are Prescription Drug Plans governed by the CMS.

If you are a Medicare-eligible subscriber or dependent, you are automatically enrolled into EGWP unless you decline coverage. Your residential address is required to complete the automatic enrollment process. CMS does not permit a post office box as a permanent address.

Once CalPERS processes your enrollment into a Medicare health plan, the enrollment request is electronically sent to the health carrier for processing. The Medicare Advantage plans and the Supplement to Medicare plan's Part D prescription drug plan submit your enrollment request electronically to

CMS for approval. The Medicare health plan allows an opt-out period in which you can decline coverage. If you choose to opt-out of coverage:

- You may lose your CalPERS sponsored health coverage if you enroll in another Medicare Part D plan outside of CalPERS
- You may experience claim issues that result in out-of-pocket expenses
- You may owe a Medicare late enrollment penalty assessed by CMS

Please contact CalPERS immediately if you mistakenly declined coverage and would like to continue your CalPERS health coverage.

COBRA Continuation Coverage

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. Following are some guidelines regarding COBRA and Medicare:

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

Health Coverage if You Travel or Reside Outside the United States

Traveling

If you are retired and you travel outside of your health plan service area, contact your health plan to determine available coverage. You should be aware that Medicare generally does not provide coverage for health care services obtained outside the United States. You may also contact CMS to obtain information about your health coverage options while traveling outside the United States.

Residing Outside the United States

If you are retired and permanently reside outside the United States, you may enroll in one of the CalPERS PPO Basic health plans that provides coverage outside the United States. Contact CalPERS for information about which plans provide such coverage.

Note: Medicare does not provide coverage for health care services obtained outside the United States.

To ensure continued health care coverage if you return to the United States, you may maintain your Medicare Part B enrollment. If you choose to cancel your Medicare Part B, you may have a penalty assessed on your Medicare Part B premium when you re-enroll with SSA. You may also have a disruption of coverage with your CalPERS insurance.

To re-enroll in a CalPERS Medicare health plan when you re-establish permanent residence in the United States, provide CalPERS the following:

- Proof of current Medicare Part B enrollment
- Change of address information for your new United States address

To re-enroll in Medicare Part B, contact SSA at (800) 772-1213 or TTY (800) 325-0778, or visit their website at www.ssa.gov. You may also contact CMS toll free at (800) 633-4227 or visit their website at www.medicare.gov.

Changing Your CalPERS Medicare Health Plan

You may request a change in health plans at the following times:

- During CalPERS Open Enrollment period
- Within 60 days of the following events:
 - Your retirement
 - Enrollment in Medicare by you or your dependents
 - Change in your residential address or a move to a new health plan service area

CalPERS Open Enrollment is held annually during the fall. If you wish to enroll in a health plan, change health plans, or add/delete eligible dependents during Open Enrollment, visit the CalPERS website at www.calpers.ca.gov or use my|CalPERS at my.calpers.ca.gov to make any changes. Plan changes you make during Open Enrollment become effective January 1 of the following year.

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

Medicare Part B Reimbursement for State and CSU Retirees

The SSA establishes Medicare Part B premium amounts annually. If you are a State of California or CSU retiree and you or your dependents are enrolled in a CalPERS Medicare health plan, you may be entitled to a Medicare Part B premium reimbursement (some exceptions apply based on Bargaining Unit and first hire date).

If you or your dependents are eligible for a Part B reimbursement, CalPERS will automatically reimburse the eligible amount of the standard Medicare Part B premium. Your reimbursement will be listed on your warrant as "Medicare Reimbursement."

What if I pay more than the standard Medicare Part B premium?

According to CMS, most Medicare beneficiaries will pay the standard Medicare Part B premium amount.

However, if your Modified Adjusted Gross Income (MAGI) as reported on your IRS tax return is above the set threshold established by CMS, you will pay the standard Medicare Part B premium amount plus an additional Income-Related Monthly Adjustment Amount (IRMAA). If you are required to pay an IRMAA, you will receive a notice from SSA advising you of your Medicare Part B premium cost for the following calendar year, and how the cost is calculated.

Toward the end of the year, CalPERS mails letters to members currently receiving an IRMAA adjustment to their Part B premium reimbursement. These letters detail the standard Medicare Part B premium for the following calendar year and provide instruction for requesting additional Medicare Part B reimbursement.

If you or your dependents are paying an increased Part B premium (IRMAA) due to your income level and would like to request additional Medicare Part B reimbursement, submit a copy of your entire SSA notice showing the IRMAA determination and increased Part B premium to CalPERS.

Secure Upload

To ensure secure and timely processing, upload your or your dependent's SSA notice online by logging into your personal my|CalPERS account. Note: The SSA notice will be titled "Medicare Premiums Important Information."

If you or your dependents submit your documents via mail, please include the cover letter attached to the CalPERS IRMAA letter. Each cover letter is uniquely barcoded, which associates documents directly to the member's account. You may print a duplicate cover letter by logging in to your my|CalPERS account.

Members may mail their SSA notice to:

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

What is my Maximum Eligible Medicare Part B Reimbursement?

Under California law, the Part B reimbursement may not exceed the difference between the maximum employer contribution and the premium for the health plan in which you are enrolled. If you are no longer paying a Part B premium to the SSA, contact CalPERS immediately to stop the Part B reimbursement. If you receive a Part B reimbursement from CalPERS for coverage periods that you did not pay Part B premiums to the SSA, you will be required to reimburse CalPERS.

Following is a hypothetical situation that illustrates how a reimbursement works:

Mary is enrolled in a CalPERS Medicare health plan and has no dependents. Her State employer health plan contribution is \$450 per month, and her health plan premium is \$350 per month. After her health plan premium is paid, Mary has \$100 of her employer contribution remaining to apply to her Medicare Part B premium ($\$450 - \$350 = \$100$). The amount of her Part B premium reimbursement is limited to \$100.00.

If Mary's income exceeds Medicare income thresholds, she will be subject to an IRMAA, and her Medicare Part B premium will be higher than the minimum standard rate. In that case, she could request additional income-related Medicare Part B premium reimbursement by submitting a copy of her Social Security benefits notice to CalPERS. Her total reimbursement cannot exceed the difference between her employer contribution and the total premium.

Depending on current SSA requirements, some members who are not subject to an income-related monthly adjustment amount may be required by SSA to pay a Part B premium that is higher than the minimum standard rate.

Note: California law does not provide for reimbursement of Medicare Part B premiums for retirees of contracting public agencies. You may contact your former employer to ask if this benefit is provided for you.

Additional Reimbursement Requests

If you are a State of California or CSU retiree and you are paying more than the minimum standard Part B premium, you may qualify for an additional reimbursement.

To ensure secure and timely processing, upload your or your dependant's SSA notice online by logging into your personal my|CalPERS account. Note: The SSA notice will be titled "Medicare Premiums Important Information."

Note: Processing time for additional Medicare Part B reimbursement request is up to 60 calendar days.

Note: For the current minimum standard Part B premium, contact SSA at (800) 772-1213 or TTY (800) 325-0778, or at their website at www.ssa.gov.

Frequently Asked Questions About Medicare and the CalPERS Health Program

Q: I am under 65 and have an SSA-qualified disability. Do I need to enroll in a CalPERS Medicare health plan?

A: If you are under age 65, retired, and have an SSA-qualified disability, you may enroll in a CalPERS Medicare health plan once you have completed the applicable SSA coordination period. To do so, if eligible, you must first apply for premium-free Medicare Part A and enroll in Medicare Part B. Once you enroll in Medicare, complete and send the *Certification of Medicare Status* form to CalPERS with a copy of your supporting documentation to ensure continuation of your CalPERS health coverage.

Q: If I have a dependent with an SSA-qualified disability, ALS, or ESRD, does my dependent need to enroll in a CalPERS Medicare health plan?

A: If you are retired, your dependent with an SSA-qualified disability may be eligible to enroll in a CalPERS Medicare health plan once he or she has completed the applicable SSA coordination period. If you are active, and you have a dependent with an SSA-qualified disability, your dependent is not eligible to enroll in a Medicare plan unless he or she has End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS). You may enroll a dependent with ESRD in a Medicare plan after they complete the applicable SSA coordination period.

Q: What happens if I cancel my Medicare Part B benefits? How will this affect my CalPERS Medicare plan?

A: If you qualify for premium free Part A, you must have Medicare Part B to continue your enrollment in a CalPERS Medicare health plan. If you request SSA to cancel your Part B coverage or lose Part B because you stopped paying your premiums, you will lose your CalPERS health coverage. If SSA cancels your Part B benefits for any reason, please inform CalPERS immediately.

Q: Since I must have Medicare Part B to keep my CalPERS health coverage, how does it help me to have Medicare Part B and be enrolled in a CalPERS Medicare health plan?

A: CalPERS Medicare health plans may pay for some of the costs and services not covered by Medicare Part B. CalPERS Medicare health plans have similar coverage and typically lower monthly premiums compared to CalPERS Basic health plans. To learn more about the CalPERS Medicare health plans available to you, log into your my|CalPERS account at my.calpers.ca.gov and use the Search Health Plans tool to complete a benefit comparison.

Q: I am retired from the State of California and the monthly State contribution is more than the health plan's monthly premium. Can I get money back when I enroll in a CalPERS Medicare health plan?

A: If you or your dependents are enrolled in a CalPERS Medicare health plan and the monthly State contribution is more than the health plan's monthly premium, CalPERS will reimburse you the difference (excluding penalties) between the two amounts up to the amount of the Part B premium. This reimbursement will show on your monthly retirement check. (See page 15 for an example of a Part B reimbursement.)

Note: California law does not provide for reimbursement of Medicare Part B premiums for retirees of contracting public agencies. You may contact your former employer to ask if this benefit is provided for you.

Q: I lost my CalPERS health benefits because I stopped my Medicare Part B. How can I get my CalPERS benefits back?

A: Immediately contact the SSA to see if you can reinstate your Medicare Part B, either without a lapse of coverage or on a prospective basis. If this is not possible, you can only enroll during the SSA's annual General Enrollment Period with an effective date of the following July 1. You may have to pay a late enrollment penalty. You may request re-enrollment in a CalPERS Medicare health plan based on the effective date of your Medicare coverage. You will need to provide supporting documentation to reinstate your CalPERS health.

Q: I am Medicare-eligible, but my spouse is still working, and I am covered under my spouse's active employer group health plan. When should I enroll in Medicare Part B?

A: You have the option of enrolling in Medicare Part B while your employed spouse continues to work, or you may defer your Medicare Part B enrollment until your spouse retires or loses coverage in the active employer group health plan. When either occurs, immediately enroll in Medicare Part B and contact CalPERS to transition to a CalPERS Medicare health plan.

Q: How can I qualify for premium-free Medicare Part A?

A: You may become eligible for premium-free Medicare Part A if you are age 65 or older and you have worked for at least 10 years (40 quarters) in Social Security/Medicare-covered employment. You may also qualify through the work history of a current, former, or deceased spouse, or if you have ESRD ALS, or a Social Security-qualified disability and meet certain SSA requirements. If you have questions about Medicare eligibility and enrollment, contact SSA at (800) 772-1213 or TTY (800) 325-0778, or visit their website at www.ssa.gov.

Q: I am Medicare eligible, retired from CalPERS, and returning to work. Can I continue my CalPERS Basic health plan coverage?

A: You may continue your enrollment in a CalPERS Basic health plan if you receive your health coverage through active employment status and not as a retiree through retirement status. You may also remain enrolled in a CalPERS Basic health plan if you are eligible to defer your Medicare enrollment. You may be able to defer Medicare enrollment if you are Medicare eligible and are covered by an employer group health plan (your own or your spouse's).

Resources

Getting Assistance with Your Health Benefits

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

You can visit a CalPERS Regional Office at the following locations:

Fresno Regional Office

10 River Park Place East, Suite 230
Fresno, CA 93720

Glendale Regional Office

655 North Central Avenue, Suite 1400
Glendale, CA 91203

Orange Regional Office

500 North State College Boulevard, Suite 750
Orange, CA 92868

Sacramento Regional Office

400 Q Street, Room 1820
Sacramento, CA 95811

San Bernardino Regional Office

650 East Hospitality Lane, Suite 330
San Bernardino, CA 92408

San Diego Regional Office

7676 Hazard Center Drive, Suite 350
San Diego, CA 92108

San Jose Regional Office

181 Metro Drive, Suite 520
San Jose, CA 95110

Walnut Creek Regional Office

1340 Treat Boulevard, Suite 200
Walnut Creek, CA 94597

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* booklet. You can obtain the *Evidence of Coverage* 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

Health Insurance Counseling and Advocacy
Program (HICAP)
(800) 434-0222
www.cahealthadvocates.org/HICAP

Centers for Medicare and Medicaid Services (CMS)
(800) 633-4227
TTY: (877) 486-2048
www.medicare.gov

Social Security Administration (SSA)
(800) 772-1213
TTY: (800) 325-0778
www.ssa.gov

Resolving Problems with Your Health Plan

Your health plan and CalPERS work together to ensure timely delivery of services for you and your family; however, disagreements may occur. You should first contact your health plan. If they are unable to help you, and you are an active employee, contact your employer's health benefits officer. If you are a retiree, contact CalPERS. Review the following information to see how your health plan and CalPERS are here to help.

Cancellation of Your Coverage and CalPERS Administrative Review Process

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

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

The request for administrative review must state the grounds on which it is requested, the relief that is sought, and include any supporting evidence. Once we have all of 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, you will be notified.

Filing a Grievance

If you feel your health plan has not helped you appropriately, you have a legal right to file a written grievance with them to resolve an issue, complaint, or disagreement. Refer to your health plan's *Evidence of Coverage* booklet for more information about your plan's grievance process. Contact your health plan for a copy of the *Evidence of Coverage* booklet.

Appealing a Decision

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

Members in a Health Maintenance

Organization (HMO) Plan

The California Department of Managed Health Care (DMHC) regulates all HMOs in California. If you are an HMO health plan enrollee, and you have filed a grievance and are dissatisfied with your HMO's final decision, you should contact the DMHC HMO Consumer Help Center at (888) 466-2219 or TTY (877) 688-9891 to register your complaint.

You also should request assistance through DMHC's website at www.dmhca.gov. You may contact DMHC if the matter is not resolved within 30 days from the time your grievance was received by your health plan. Contact them immediately if the matter is urgent.

If you have filed a grievance and are dissatisfied with your HMO's final decision regarding your eligibility for health benefits or limits of coverage under the plan, you may contact CalPERS for assistance.

Members in a Preferred Provider

Organization (PPO) Plan

If you are a PPO health plan enrollee, and you have filed a grievance and are dissatisfied with your PPO's final decision, you may contact CalPERS at **888 CalPERS** (or **888-225-7377**) for assistance.

Binding 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* booklet for details.

The California Patient's Guide

The California Patient's Guide: Your Health Care Rights and Remedies informs you of your rights to receive quality health care and what steps you can take if you encounter problems. The full text of the guide is available at www.calpatientguide.org, or you can request a copy by calling the DMHC HMO Consumer Help Center at (888) 466-2219.

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, co-payments, and treatment costs
- Understand that cost controls, when reasonable, help keep good health care affordable

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 contact CalPERS privacy (HIPAA) unit at **888 CalPERS** (or 888-225-7377) or P.O. Box 942715, Sacramento, CA 94229-2715.

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 for administration of the CalPERS Board's duties under the Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, 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.

You have the right to review your CalPERS membership file. For questions concerning your rights under the Information Practices Act of 1977, please contact the Privacy (HIPAA) Unit at P.O. Box 942715, Sacramento, CA 94229-2715.

How We Use Your Social Security Number

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires any federal, state, or local governmental agency requesting an individual to disclose their Social Security number, 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 101-173 requires group health plans to collect and provide member Social Security numbers for the coordination of federal and state benefits. Furthermore, the CalPERS health program requires each enrollee's Social Security number for identification and verification purposes.

The CalPERS health program uses Social Security numbers 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.

HIPAA: How We Safeguard Your Protected Health Information (PHI)

We understand that protected health information (“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 protected health information 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 are 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. These uses and disclosures of PHI are 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.

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.

- **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.
- **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 except in certain limited situations.
- **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;
 - 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 the U.S. Department of Health and Human Services 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.

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 Privacy (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 certain very 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 Privacy (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 Privacy (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 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 Privacy (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. Your request should indicate in what form you want the accounting (for example, 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 Privacy (HIPAA) Unit at P.O. Box 942715, Sacramento, CA 94229-2715. In your request, you must tell us 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, for example, disclosures to your spouse.

- **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 Privacy (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 Privacy (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 the U.S. Department of Health and Human Services. To file a complaint with CalPERS, contact the Privacy (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 Privacy (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.

Definition of Terms

CalPERS Basic Health Plan

A CalPERS Basic 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 plan.

CalPERS Medicare Health Plan

A CalPERS Medicare health 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 (SSA).

For active employees and their dependents of any age, federal law limits enrollment in a CalPERS Medicare health plan to those diagnosed with Amyotrophic Lateral Sclerosis (ALS) or End-Stage Renal Disease (ESRD) that have completed any applicable coordination periods with SSA.

Centers for Medicare & Medicaid Services (CMS)

A federal agency created in 1977 under the Department of Health and Human Services, CMS 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.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

When health benefits would cease, COBRA 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 CMS with questions about the Medicare program and benefits.

Co-payment

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.

Dependent

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

Disenrolling

The steps you follow to end coverage with your current HMO Medicare Managed Care health plan so that you may join a new health plan.

Employer Contribution

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

Employer Group Health Plan (EGHP)

Health coverage you receive through either your own or your spouse's active employment. Generally, EGHP coverage is your primary coverage.

Emergency Services

Medical services to treat an injury or illness that could result in serious harm if you don't get care right away.

Faculty Early Retirement Program (FERP)

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

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.

Non-Participating Provider

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

Out-of-Pocket Costs

Generally refers to the actual costs individuals pay to receive health care. These costs are the total of the premium (minus any employer contribution) plus any additional costs such as co-payments and deductibles.

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.

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 (PCP)

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 (PA)

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.

Specialist

A doctor who has special training in a specific kind of medical care, for example, cardiology (heart), neurology (nervous system), or oncology (cancer).

Social Security Administration (SSA)

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



CalPERS Health Benefits Program
P.O. Box 942715
Sacramento, CA 94229-2715
888 CalPERS (or 888-225-7377)
www.calpers.ca.gov

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