

HUMAN RESOURCES MEMORANDUM: 12:006

Expiration Date: Supersedes 11-029a

Issue Date: August 29, 2012

To: ALL DEPARTMENT OF GENERAL SERVICES EMPLOYEES

Subject: **2012 OPEN ENROLLMENT; HEALTH BENEFITS**

Purpose of document

This memorandum supersedes HR Memo 11-029a and provides employees with detailed information regarding the 2012 Open Enrollment period for health benefits. A separate HR Memo will be provided with detailed information for dental and flex-elect benefits as soon as we receive the information from the California Department of Human Resources

Open enrollment

Open enrollment is from September 10, 2012 through October 5, 2012. The effective date of all open enrollment transactions is January 1, 2013.

During open enrollment, eligible employees may enroll, change, add or delete family members in health and dental plans and enroll or cancel their flex-elect participation.

Health plan options

Health Maintenance Organization (HMO) Basic Health Plans

- Blue Shield Access+
- Blue Shield NetValue
- Kaiser Permanente

Exclusive Provider Organization (EPO) Health Plan

- Blue Shield EPO (serves Colusa, Mendocino, and Sierra counties)

Preferred Provider Organization (PPO) Basic Health Plans

- PERS Select
 - PERS Choice
 - PERS Care
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2013 Health plan changes

Highlights of the 2013 benefit changes are listed below. These benefit modifications are designed to focus on quality, patient safety, and engaging members in their care. Refer to the health plan's Evidence of Coverage (EOC) booklet for a complete explanation of the benefits covered, as well as limitations and exclusions that apply.

Blue Shield NetValue (Basic & Medicare)

- Expanding service area to include Marin, Sonoma, Humboldt, and Stanislaus counties
- Adding providers in Ventura, San Bernardino, San Diego, and Santa Clara counties

Blue Shield 65 Plus (Medicare)

- Expanding service area to include more zip codes in Contra Costa county

PERS Select (Basic & Medicare)

- Expanding service areas to include Alameda, Placer, and Solano counties. With this expansion, PERS Select/Choice/Care will cover every county in California

Employer Group Waiver Plan (EGWP)

- Subsidized Medicare Part D drug program adopted by CalPERS

2013 Health Premium Rates

Click on the link below to access the 2013 Health Premium Rates: <http://www.calpers.ca.gov/eip-docs/member/health/2013-health-info/rates/state-premiums.pdf>

The 2013 Health Premium Rates are also attached to this memo.

2013 Health Employer Contribution Amounts

The Employer health benefit contributions are effective January 1, 2013.

Bargaining Units 1, 3, 4, 10, 11, 12, 13, 14, 15, 20, and 21 (Rank-and-File Subject to Vesting)	Employer Contribution without vesting	First 12 months 50% Vesting Rate	Months 13-24 75% Vesting Rate
Employee only	\$495.00	\$495.00	\$495.00
Employee, plus 1 dependent	\$992.00	\$744.00	\$868.00
Employee, plus 2 or more dependents	\$1288.00	\$892.00	\$1090.00

**2013 Health
Employer
Contribution
Amounts
(cont'd)**

Bargaining Unit 6, (Rank-and-File)	Employer Contribution
Employee only	\$495.00
Employee, plus 1 dependent	\$992.00
Employee, plus 2 or more dependents	\$1288.00

Bargaining Unit 2, 7, 16, 17, 18, and 19 (Rank and file CoBen Allowance – Subject to Vesting)	Employer Contribution without vesting	First 12 months 50% Vesting Rate	Months 13-24 75% Vesting Rate
Employee Only	\$544.00	\$544.00	\$544.00
Employee, plus 1 dependent	\$1073.00	\$825.00	\$949.00
Employee, plus 2 or more dependents	\$1402.00	\$1006.00	\$1204.00

Bargaining Unit 5, 9 (Rank-and-file)	Employer Contribution
Employee only	\$526.00
Employee, plus 1 dependent	\$1023.00
Employee, plus 2 or more dependents	\$1319.00

Bargaining Unit 8 (Rank-and-file - CoBen Allowance)	Employer Contribution
Employee only	\$575.00
Employee, plus 1 dependent	\$1104.00
Employee, plus 2 or more dependents	\$1433.00

Excluded Employees (CoBen Allowance)	Employer Contribution
Employee only	\$577.00
Employee, plus 1 dependent	\$1117.00
Employee, plus 2 or more dependents	\$1448.00

Dental Plan Options, Premium Rates and Employer Contribution Amounts

As of the date of this HR memo, the California Department of Human Resources has not provided departments the 2013 dental plan options, premium rates and State contribution amounts. As soon as the information is available it will be shared with you in a separate HR Memo.

Dependents in a Parent-Child Relationship

Health

To enroll or delete dependents in a parent-child relationship from your health plan you will need to complete an Affidavit of Parent-Child Relationship (HBD-40) in addition to a Health Benefit Plan Enrollment form (HBD-12), and a Declaration of Health Coverage form (HBD-12a). If you are not making any changes to dependents in a parent-child relationship on your health plan then no further action is necessary.

Dental

To enroll or delete dependents in a parent-child relationship from your dental plan you will need to complete an Affidavit of Eligibility For Dependent Children (CalHR-025). Employees that already have dependents enrolled in a dental plan where the employee has assumed a parental role with respect to the child, and is the primary care parent must submit a new Affidavit of Eligibility For Dependent Children (CalHR-025) yearly certification during the open enrollment period.

Vision

Employees with dependents in a parent-child relationship are automatically covered under the employee's vision plan.

Health plan eligibility by ZIP Code

Active employees or working CalPERS retirees may enroll in a health plan using either a residential or work ZIP Code. A P.O. Box cannot be used to establish eligibility, but may be used for mailing purposes. To enroll in a Medicare Advantage plan, a residential address is required.

If a residential ZIP Code is used for eligibility, all enrolled dependents must live in the health plan's service area. If a work ZIP Code is used for eligibility all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not live in that service area.

Importance of timely notification of changes

Employees are responsible for submitting the required benefit forms to the personnel office for any status changes such as: marriages, divorces, and/or births. Maintaining enrollment of ineligible dependents, such as divorced spouses and/or married children, will hold employees financially responsible until their coverage is cancelled.

Permanent intermittent employees

Newly eligible Permanent Intermittent (PI) employees may enroll in health benefits after a qualifying control period, January 1 and July 1 of each year.

However during Open Enrollment, PI(s) currently enrolled in health benefits, may add eligible dependents and/or change providers. Please contact your Attendance Clerk for assistance with determining eligibility.

Employees off pay status

Employees eligible for health benefits and off payroll status (including NDI, SDI, IDL, and Temporary Disability) may change plans and/or add dependents during the Open Enrollment period, or within 60 days from the date they return to regular pay status.

Off pay status and **paying directly** to the health plan provider:

- Complete an HBD-12, HBD-12A form, and a Direct Payment Authorization HBD-21 form. For dependent changes without changes to plan or party codes, submit the HBD-12 and HBD-12A for plan or dependent changes.

Off pay status and **not paying directly** to the Health Plan provider:

- Complete an HBD-12 and HBD-12A for plan or dependent changes.

Your Attendance Clerk can assist you with the completion of the appropriate forms.

COBRA changes

COBRA enrollees adding family members and/or changing carriers should submit a new Group Continuation Coverage (HBD-85) form to their Attendance Clerk.

Click on the link below to access the 2013 COBRA Continuation Rates:

<http://www.calpers.ca.gov/eip-docs/member/health/2013-health-info/rates/cobra-state.pdf>

Retiree enrollment changes

Retirees may make changes to their health plan in any of the following ways:

- Through my CalPERS at my.calpers.ca.gov
- By calling CalPERS toll-free at 1-888-CalPERS (or 1-888-225-7377, or
- By submitting a change request in writing by mail or fax to:

CalPERS
Health Account Services
P.O. Box 942714
Sacramento, CA 94229-2714
FAX: 1-800-959-6545

Completing form HBD-12

The table below will assist you with completing the HBD-12 forms:

Box	Item Description	Enter the following:
1	Type of Action	Mark appropriate box
2,3	SS #	Enter your SS # and that of your spouse/domestic partner if they are enrolled in your health plan.
4A	Demographic Info	Complete as requested
4B		If you use a post office box, your residence zip code is required for adding or deleting dependents or plan changes. If Box 4B is not properly completed, the enrollment form will be returned for correction.
5	Perm Intermittent	Mark only if Permanent Intermittent employee.
6,7	Gender/Married	Make a selection for each item.
8	Plan Code	Leave Blank
9	Name of Health Plan	Complete with name of health plan or if changing, with name of new health plan.
10	Gross Premium	Leave Blank
11	Primary Care Physician	Name of Physician or medical group. Providing this information will assist with delivering identifications cards timely.
12	Prior Plan Code	Leave Blank
13	Prior Health Plan	Leave Blank
14	Reason Code	Leave Blank
15	Permitting Event Date	September 10, 2012 – October 5, 2012
16	Effective Date	January 1, 2013
17	Basic Plan	Include all persons enrolled in the health plan and their social security numbers .
18	Supplemental Plan	Only complete if applicable
19	Check One	Mark appropriate box
20, 21	Employee Sign and Date	Must be signed no earlier than September 10, 2012 and no later than October 5, 2012.
22-34	Miscellaneous	Do not Complete – for Personnel use only
35	Remarks	Indicate the permitting event reason per the permitting event reason chart.

Multiple Health transactions

Multiple transactions such as deleting dependents and changing health plans require a separate document for each transaction.

Dependent vesting criteria

New employees, without previous State health benefit eligibility, may be subject to dependent health vesting.

Employees in bargaining units contracted for dependent vesting are provided with 50 percent of the employer dependent contribution for the first 12 months of service, and 75 percent of the employer dependent contribution for months 13 through 24. After 24 months, these employees receive the full employer dependent contribution applicable to their bargaining unit.

Please refer to the appropriate collective bargaining agreement for specific criteria for determining if an employee is subject to dependent vesting.

Dual coverage

Dual coverage as an employee and as a dependent is prohibited under the CalPERS Health Benefits Program. Families are required to coordinate their enrollments to prevent dual coverage situations. If both you and your spouse are eligible to enroll in your own right, the enrollments can be established as two individual enrollments, or as one family enrollment. All dependents must be covered under one parent.

Health plan identification cards

Health Plan providers make every attempt to ensure members changing Health Plans receive their new identification cards before January 1, 2013. Employees changing health plans who have not received new identification cards should discontinue using the prior plan after December 31, 2012 and contact their new plan member services regarding status of cards.

Important reminder

Type or print legibly all benefit forms. Open enrollment transactions are IRREVOCABLE once they become effective on January 1, 2013.

Open enrollment packets

CalPERS sent out Open Enrollment Packets in August. The open enrollment packets included the following:

- **Open Enrollment News** – contains information about this year's Open Enrollment, as well as highlights of the 2013 health benefit design and co-payment changes.
- **Health Plan Statement** – identifies the health plan in which the subscriber and the subscriber's family members are enrolled as of July 1, 2012.
- **Rate Sheet** – informs members of health benefit plans and rates available to them based on their eligibility ZIP Code on record.
- **Postcard** – allows members to order the 2013 Health Benefit Summary and Health Program Guide, or the CalPERS Medicare Enrollment Guide.

Note: Subscribers who enrolled in a CalPERS health plan after July 1, 2012, will not receive a Health Plan Statement.

Postcard publications request

Requests for health publications using the postcard mailed to your home address must be postmarked by September 19, 2012. Publications are available on CalPERS On-Line at www.calpers.ca.gov. The postcard may be used to request the following publications:

- **2013 Health Benefit Summary** – This publication provides valuable information to help choose a health plan, select doctors, and understand the differences between the different types of plans. It compares health plan benefits, covered services, and co-payment information.
- **Health Program Guide** – This publication describes Basic and Medicare eligibility, enrollment, and the types of health plan choices available.
- **CalPERS Medicare Enrollment Guide** – This publication describes the relationship between Medicare and the CalPERS Health Program; summarizes the different parts of Medicare; and explains how and when to choose your CalPERS Medicare health plan.

Online Resources**2012 Member Rating Information**

The 2012 Member Rating Information describes how members rate plans and services and provides tips such as choosing a doctor.

Health Plan Chooser

The online Health Plan Chooser lets employees weigh the benefits and costs for each plan, search for specific doctors, and view overall plan satisfaction and quality ratings. The Chooser is available on CalPERS On-Line at:

[Open Enrollment](#)

Health Plan Search by ZIP Code

The Health Plan Search by ZIP Code is an online tool that informs employees of plans available in their area. Employees can enter the ZIP Code for their residential or work address; select the Member Category and then “Search” to view the results. This tool is available on CalPERS On-Line and on my/CalPERS. You can access this helpful tool at:

[Health Plan Search By Zip Code](#)

Attendance Clerks with Internet access may assist their employees by inputting the employee’s residential or work address ZIP Code and retrieving a list of health plans from which the employee can choose. Additionally, they can download a PDF file from CalPERS On-Line. Attendance Clerks who do not have Internet access may call CalPERS at (888) CalPERS (or 888-225-7377) to determine whether a particular ZIP Code is included in a plan’s service area. They may order a hard copy of the list of CalPERS health plans availability by ZIP Code or download the list online at

www.calpers.ca.gov.

2013 Health Plan Webinar

The 2013 Webinar on Health Plan Design, Rate, and Benefit Changes will provide employees, retirees, and their dependents the opportunity to receive information from expert representatives of each of the CalPERS health plans. The webinar offers on-demand video and downloadable materials regarding the 2013 health plans, providing participants with convenient 24/7 access from home or office. You can access the 2013 Webinar at the CalPERS website at: [Video & Web Event Center](#)

Employer Resources

Open Enrollment Packets

The Department received a small supply of Open Enrollment publications. Please contact your Personnel Specialist for enrollment packets to distribute to the following groups of employees:

- New hires
 - Employees eligible for health benefits and looking to enroll this year
 - Employees enrolled in health benefits but did not request Open Enrollment publications and cannot access them online
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Deadline

Submit all Open Enrollment transactions timely. All documents must be completed and signed by the employee by **October 5, 2012** and received in OHR **no later than October 12, 2012**.

Rescind transactions

Employees have until December 31, 2012 to rescind any health transaction requested during the open enrollment period. For example, if an employee decides they no longer want to change health plans, the employee may rescind the transaction. Employees cannot select another health plan, but can rescind the Open Enrollment change and return to the original health plan.

In order for your rescission to reflect correctly on your 01/2013 payroll warrant, you must submit your rescission to the OHR office by December 18, 2012.

Questions

If you have any questions, please contact your [Personnel Specialist](#).

/s/

TERRI HAMILTON, Chief
Office of Human Resources

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Attachments

CalPERS 2013 Health Premiums – State Only

Effective Date: 1/1/2013 – 12/31/2013

Basic Monthly Rate (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$676.11	2051	\$1,352.22	2052	\$1,757.89	2053
Blue Shield Advantage		676.11	1411	1,352.22	1412	1,757.89	1413
Blue Shield NetValue		577.52	0421	1,155.04	0422	1,501.55	0423
Blue Shield NetValue Advantage		577.52	1461	1,155.04	1462	1,501.55	1463
CAHP (Active)		566.96	2301	1,098.10	2302	1,430.22	2303
CCPOA (North)		595.92	2561	1,193.73	2562	1,611.44	2563
CCPOA (South)		491.51	2661	984.86	2662	1,330.58	2663
Kaiser (CA)		609.34	0561	1,218.68	0562	1,584.28	0563
Kaiser (out-of-state)		876.46	*1	1,752.92	*2	2,278.80	*3
PERS Choice		634.06	2221	1,268.12	2222	1,648.56	2223
PERS Select		463.12	0451	926.24	0452	1,204.11	0453
PERSCare		1,029.57	2781	2,059.14	2782	2,676.88	2783
PORAC		581.00	2071	1,088.00	2072	1,382.00	2073

Supplement/Managed Medicare Monthly Rate (SM)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$261.32	2061	\$522.64	2062	\$783.96	2063
Blue Shield Advantage		261.32	1511	522.64	1512	783.96	1513
Blue Shield NetValue		261.32	0551	522.64	0552	783.96	0553
Blue Shield NetValue Advantage		261.32	1561	522.64	1562	783.96	1563
CAHP		354.00	2311	655.00	2312	832.00	2313
CCPOA (North)		379.25	2571	759.74	2572	1,136.00	2573
CCPOA (South)		379.25	2671	759.74	2672	1,136.00	2673
Kaiser (CA)		288.37	0661	576.74	0662	865.11	0663
Kaiser (out-of-state)		371.89	**1	743.78	**2	1,115.67	**3
PERS Choice		325.74	2231	651.48	2232	977.22	2233
PERS Select		325.74	0461	651.48	0462	977.22	0463
PERSCare		370.43	2791	740.86	2792	1,111.29	2793
PORAC		418.00	2081	833.00	2082	1,331.00	2083