

HUMAN RESOURCES MEMORANDUM 13-018		DATE ISSUED: September 12, 2013
SUBJECT: 2013 Open Enrollment; Health Benefits	REFERENCE: CL 600-045-13	
TO: ALL DEPARTMENT OF GENERAL SERVICES EMPLOYEES	SUPERSEDES: HR Memo 12-006	

PLEASE ENSURE THAT THIS INFORMATION IS SHARED WITH YOUR EMPLOYEES

Purpose This memorandum supersedes HR Memo 12-006 and provides employees with detailed information regarding the 2013 Open Enrollment period for health benefits. HR Memo 2013-019 provides detailed information for dental and flex-elect benefits.

Open Enrollment Open enrollment is from September 16, 2013 through October 11, 2013. The effective date of all open enrollment transactions is January 1, 2014.

During open enrollment, eligible employees may enroll, change health plans, or add family members not currently enrolled in a health plan.

Health Plan Options CalPERS has expanded their list of Health Maintenance Organization (HMO) plan providers to provide more options for members to choose from.

Health Maintenance Organization (HMO) Basic Health Plans

- Anthem Blue Cross
- Blue Shield of California
- Health Net of California
- California Correctional Peace Officers Association (CCPOA)¹
- Kaiser Permanente
- Sharp Health Plan
- UnitedHealthcare

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
- PERSCare
- California Association of Highway Patrolmen (CAHP)¹
- Peace Officers Research Association of California (PORAC)¹

¹Members must belong to the specific association and pay dues in order to enroll in any of the association plans.

2014 Health Program Highlights

CalPERS PPO and HMO plans will add coverage for the related aspects of gender reassignment surgery. The PPO health plans PERS Select, PERS Choice, PERSCare, will add:

- Dental services for cleft lips or palates
- Coverage for medically necessary Applied Behavior Analysis Therapy
- A Specialty Preferred Drug Strategy to encourage the use of certain categories of lower cost, clinically appropriate prescription drugs where feasible.

The above coverage is currently included in CalPERS HMO health plans. You may refer to the health plan's Evidence of Coverage booklets for more specific health plan information.

Additional information is available online at www.calpers.ca.gov. Select the Employers tab, choose Benefit Programs & Contracting Services, then Health Benefits Program, and finally 2014 Health Plan Information.

2014 Health Plan Rates

The 2014 Health Premium Rates are attached to this memo, or you can find them on-line at: <http://www.calpers.ca.gov/eip-docs/member/health/2014-health-info/rates/state-active.pdf>.

2014 Employer Contribution Rates

2014 Health and CoBen Contribution Rates are forthcoming and will be published under a separate HR Memo.

Dependents in a Parent-Child Relationship

Another person's child under age 26 may be eligible for coverage if a parent-child relationship exists. The following forms are required when adding a dependent in a Parent – Child Relationship:

- Form HBD-40; Affidavit of Parent – Child Relationship
- Form HBD-12, Health Benefit Plan Enrollment
- Form HBD-12a; Declaration of Health Coverage

If you are not making any changes to dependents in a parent-child relationship on your health plan then no further action is necessary.

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.

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Health Plan Eligibility by ZIP Code (Continued)

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 and supporting documentation to the personnel office for any status changes such as: marriages, divorces, and/or births. Maintaining enrollment of ineligible dependents, such as divorced spouses, 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 help you complete the appropriate forms.

COBRA

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/2014-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

HBD-12 Completion

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 Social Security # 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.
35	Remarks	Enter a description of action authorizing enrollment/change. (i.e.; Open Enrollment - Plan Change, Open Enrollment - Adding Dependent)

HBD-12 Supporting Documentation

In addition to the HBD-12 and HBD-12a, supporting documentation is required when adding the following dependents:

Dependent	Required Supporting Documentation
Spouse	Copy of your marriage certificate
Domestic Partner	Declaration of Domestic Partnership (from the Secretary of State's office)
Dependent	Copy of the dependent's birth certificate
Dependent in a Parent-Child Relationship	HBD-40; Affidavit of Parent – Child Relationship

Multiple Transactions Multiple transactions such as adding/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 (DHV). DHV provides new employees a reduced employer health benefits contribution toward dependent coverage during their first 12 or 24 months of service.

Additional information is forthcoming in a separate HR Memo, or you can refer to the appropriate collective bargaining agreement for specific criteria for determining if an employee is subject to DHV.

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, 2014. Employees changing health plans who have not received new identification cards should discontinue using the prior plan after December 31, 2013 and contact their new plan member services regarding status of cards.

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 2014 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, 2013.
- **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 2014 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, 2013 will not receive a Health Plan Statement.

Postcard Publications Requests

Requests for health publications using the postcard mailed to your home address must be postmarked by September 25, 2013. Publications are available on CalPERS On-Line at www.calpers.ca.gov. The postcard may be used to request the following publications:

- **2014 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.
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Online Resources

[2014 Health Plan Webinar](#)

The 2014 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. The 2014 Webinar will be available in September.

[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.

[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.

Attendance Clerks (AC’s) with Internet access may assist their employees by entering 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.

AC’s who do not have Internet access may call CalPERS at (888) CalPERS (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 at www.calpers.ca.gov.

**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.

Deadline

Submit all open enrollment transactions timely. All documents must be completed and signed by the employee by **October 11, 2013** and received in OHR **no later than October 15, 2013**.

**Rescinding
Open
Enrollment
Transactions**

Employees have until December 31, 2013 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 January 2014 payroll warrant, your rescission must be received in OHR by December 9, 2013.

Type or print legibly on all benefit forms. Open enrollment transactions are IRREVOCABLE once they become effective on January 1, 2014.

Questions

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

ANGIE BOLDRINI, Personnel Officer
Office of Human Resources

AB:tbw

CalPERS 2014 Health Premiums – State Only

Effective Date: 1/1/2014 – 12/31/2014

Basic Monthly Rate (B)

PLAN	If you are ⇔	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Anthem Select HMO		\$622.53	1811	\$1,245.06	1812	\$1,618.58	1813
Anthem Traditional HMO		670.36	1801	1,340.72	1802	1,742.94	1803
Blue Shield Access+		655.02	1411	1,310.04	1412	1,703.05	1413
Blue Shield Access+ EPO		655.02	1911	1,310.04	1912	1,703.05	1913
Blue Shield NetValue		575.78	0421	1,151.56	0422	1,497.03	0423
CAHP (Active-Subsidized)		584.96	2301	1,131.10	2302	1,471.22	2303
CCPOA (North)		647.19	2561	1,296.69	2562	1,750.51	2563
CCPOA (South)		533.75	2661	1,069.76	2662	1,445.37	2663
Health Net Salud y Más		515.87	1841	1,031.74	1842	1,341.26	1843
Health Net SmartCare		632.38	1851	1,264.76	1852	1,644.19	1853
Kaiser (CA)		661.61	0561	1,323.22	0562	1,720.19	0563
Kaiser (out-of-state)		917.20	*1	1,834.40	*2	2,384.72	*3
PERS Choice		643.53	2221	1,287.06	2222	1,673.18	2223
PERS Select		594.95	0451	1,189.90	0452	1,546.87	0453
PERSCare		698.73	2781	1,397.46	2782	1,816.70	2783
PORAC		634.00	2071	1,186.00	2072	1,507.00	2073
Sharp		562.14	1891	1,124.28	1892	1,461.56	1893
UnitedHeathCare		652.08	1871	1,304.16	1872	1,695.41	1873

*For members residing in parts of Colorado, Georgia, Hawaii, Mid- Atlantic (Maryland, Virginia & Washington D.C.), Northwest (Oregon & Washington), Cleveland and Ohio.

Supplement/Managed Medicare Monthly Rate (SM)

PLAN	If you are ⇨ Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Anthem Senior Secure	\$341.12	1831	\$682.24	1832	\$1,023.36	1833
Anthem Medicare Preferred	341.12	1821	682.24	1822	1,023.36	1823
Blue Shield 65+	298.21	1511	596.42	1512	894.63	1513
Blue Shield Access+ EPO	298.21	1921	596.42	1922	894.63	1923
Blue Shield Med Supp	298.21	1	596.42	2	894.63	3
CAHP (Active-Subsidized)	372.00	2311	688.00	2312	874.00	2313
CCPOA (North)	407.54	2571	816.65	2572	1,221.20	2573
CCPOA (South)	407.54	2671	816.65	2672	1,221.20	2673
Health Net Seniority Plus	261.24	1861	522.48	1862	783.72	1863
Kaiser (CA)	294.97	0661	589.94	0662	884.91	0663
Kaiser (out-of-state)	388.65	**1	777.30	**2	1,165.95	**3
PERS Choice	307.23	2231	614.46	2232	921.69	2233
PERS Select	307.23	0461	614.46	0462	921.69	0463
PERSCare	327.36	2791	654.72	2792	982.08	2793
PORAC	397.00	2081	791.00	2082	1,264.00	2083
Sharp	306.51	1901	613.02	1902	919.53	1903
UnitedHealthcare	199.33	1881	386.66	1882	579.99	1883