

HUMAN RESOURCES MEMORANDUM 14-019		DATE ISSUED: September 19, 2014
SUBJECT: 2014 Open Enrollment; Health Benefits	REFERENCE: CL 600-034-14 CL 600-047-14	
TO: ALL DEPARTMENT OF GENERAL SERVICES EMPLOYEES	SUPERSEDES: <i>HR Memo 13-018</i>	

PLEASE ENSURE THAT THIS INFORMATION IS SHARED WITH YOUR EMPLOYEES

Purpose This memorandum supersedes HR Memo 13-018 and provides employees with detailed information regarding the 2014 Open Enrollment period for health benefits beginning January 1, 2015. HR Memo 2014-018 provides detailed information for dental and flex-elect benefits and HR Memo 14-016 provides detailed information on 2015 Health and CoBen Employer Contributions.

Open Enrollment Open enrollment is from September 15, 2014 through October 10, 2014. The effective date of all open enrollment transactions is January 1, 2015.

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 offers the following HMOs, PPOs and EPOs 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

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

Exclusive Provider Organization (EPO) Health Plan

- Anthem Blue Cross EPO (Monterey county)
- Blue Shield EPO (serves Colusa, Mendocino, and Sierra counties)

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

2015 Health Program Highlights

For 2015 Health Program Highlights please refer to the CalPERS Pension and Health Benefits Committee Agenda Items from June 17, 2014. Visit CalPERS On-Line at www.calpers.ca.gov and select the Newsroom hyperlink. Next choose Meeting Agendas under Board Meetings. Then select Pension & Health Benefits Committee. Select Action Agenda Item 5a for HMO health benefit changes. Select Action Agenda Item 5b for PPO health benefit changes.

2015 Benefit Changes will also be highlighted in the Open Enrollment Newsletter which is distributed with the Open Enrollment Packet.

Additional information will be available online on August 18, 2014. Visit CalPERS On-Line at www.calpers.ca.gov and select the Employers tab. Next choose Retirement Benefit Programs & Contracting Services, then Health Benefits Program, and finally 2015 Health Plan Information.

Blue Shield Net Value Discontinues Coverage

Effective January 1, 2015, Blue Shield Net Value will no longer be available in Humboldt County.

CalPERS has notified impacted subscribers regarding this change in a letter dated August 13, 2014. The letter instructs subscribers to change their health plan during Open Enrollment. Failure to make a change within the requested time frame will result in an administrative transfer to PERS Choice Preferred Provider Organization effective January 1, 2015.

An additional letter reminding subscribers to make a health plan change during Open Enrollment will be mailed on September 15, 2014.

Please encourage employees to review their Open Enrollment packet and make a health plan change during Open Enrollment. Subscribers will receive their Open Enrollment packets by the end of August.

2015 Health Plan Rates

The [2015 Health Premium Rates](#) can be obtained from CalPERS website or you can find them attached at the end this memo.

2015 Employer Contribution Rates

Please refer to [HR Memo 14-016](#) for the 2015 Health and CoBen Contribution Rates.

Dependents in a Parent-Child

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:

Relationship

Dependents in a Parent-Child Relationship (Cont'd)

- 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 during open enrollment, however you will be required to recertify by submitting an Affidavit of Parent-Child Relationship annually when requested by CalPERS.

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.

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.

**Employees
Off Pay
Status
(Cont'd)**

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 2015 COBRA Continuation Rates: <http://www.calpers.ca.gov/eip-docs/member/health/2015-health-info/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
Documenta-
tion**

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.

Refer to [HR Memo 14-016](#) or 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, 2015. Employees changing health plans who have not received new identification cards should discontinue using the prior plan after December 31, 2014 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 2015 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, 2014.

Open Enrollment Packets

- **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 2015 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, 2014 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 18, 2014. Publications are available on CalPERS On-Line at www.calpers.ca.gov. The postcard may be used to request the following publications:

- **2015 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

[Presenting the 2015 CalPERS Health Plans](#)

Learn about CalPERS health plan benefits from representatives of our seven providers: Anthem Blue Cross, Blue Shield of California, CVS Caremark, Health Net, Kaiser Permanente, Sharp Health Plan, and UnitedHealthcare.

[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.
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Deadline

Submit all open enrollment transactions timely. All documents must be completed and signed by the employee by **October 10, 2014** and received in OHR **no later than October 17, 2014**.

Rescinding Open Enrollment Transactions

Employees have until December 31, 2014 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 2015 payroll warrant, your rescission must be received in OHR by December 9, 2014.

Type or print legibly on all benefit forms. Open enrollment transactions are IRREVOCABLE once they become effective on January 1, 2015.

Questions

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

ANGIE BOLDRINI, Personnel Officer
Office of Human Resources

AB:tbw

CalPERS 2015 Health Premiums - State Only

Effective Date: 1/1/2015 - 12/31/2015

Basic Monthly Rate (B)							
PLAN	If you are <input type="checkbox"/>	Employee Only	Party Code	Employee & 1 Dependent	Party Code	Employee & 2+ Dependents	Party Code
Anthem Select HMO		\$639.45	1	\$1,278.90	2	\$1,662.57	3
Anthem Traditional HMO		727.34	1	1,454.68	2	1,891.08	3
Anthem EPO		640.45	1	1,280.90	2	1,665.17	3
Blue Shield Access+		718.16	1	1,436.32	2	1,867.22	3
Blue Shield Access+ EPO		718.16	1	1,436.32	2	1,867.22	3
Blue Shield NetValue		670.36	1	1,340.72	2	1,742.94	3
CAHP (Active-Subsidized)		597.96	1	1,158.10	2	1,512.22	3
CAHP (Retired-Subsidized)		620.79	1	1,205.17	2	1,576.26	3
CCPOA (North)		681.33	1	1,365.26	2	1,843.13	3
CCPOA (South)		561.88	1	1,126.30	2	1,521.82	3
Heath Net Salud y Más		535.97	1	1,071.94	2	1,393.52	3
Heath Net SmartCare		671.47	1	1,342.94	2	1,745.82	3
Kaiser (CA)		633.04	1	1,266.08	2	1,645.90	3
Kaiser (out-of-state)		922.78	1	1,845.56	2	2,399.23	3
PERS Choice		640.45	1	1,280.90	2	1,665.17	3
PERS Select		618.22	1	1,236.44	2	1,607.37	3
PERSCare		718.93	1	1,437.86	2	1,869.22	3
PORAC		675.00	1	1,292.00	2	1,642.00	3
Sharp		586.38	1	1,172.76	2	1,524.59	3
UnitedHealthcare		642.40	1	1,284.80	2	1,670.24	3

Supplement/Managed Medicare Monthly Rate (SM)							
PLAN	If you are <input type="checkbox"/>	Employee Only	Party Code	Employee & 1 Dependent	Party Code	Employee & 2+ Dependents	Party Code
Anthem Senior Secure		\$445.38	1	\$890.76	2	\$1,336.14	3
Anthem Medicare Preferred		445.38	1	890.76	2	1,336.14	3
Blue Shield 65+		352.63	1	705.26	2	1,057.89	3
Blue Shield Access+ EPO		352.63	1	705.26	2	1,057.89	3
Blue Shield Med Supp		352.63	1	705.26	2	1,057.89	3
CAHP (Active-Subsidized)		372.00	1	688.00	2	874.00	3
CAHP Retired-Subsidized)		372.00	1	688.00	2	874.00	3
CCPOA (North)		447.79	1	897.61	2	1,342.41	3
CCPOA (South)		447.79	1	897.61	2	1,342.41	3
Heath Net Seniority Plus		276.85	1	553.70	2	830.55	3
Kaiser (CA)		295.51	1	591.02	2	886.53	3
Kaiser (out-of-state)		390.47	1	780.94	2	1,171.41	3
PERS Choice		339.47	1	678.94	2	1,018.41	3
PERS Select		339.47	1	678.94	2	1,018.41	3
PERSCare		368.76	1	737.52	2	1,106.28	3
PORAC		402.00	1	802.00	2	1,281.00	3
Sharp		327.66	1	655.32	2	982.98	3
UnitedHealthcare		267.41	1	534.82	2	802.23	3