



California Public Employees' Retirement System
P.O. Box 9422714
Sacramento, CA 94229-2714
(800) 237-3345
Telecommunication Device for the Deaf
No Voice (916) 326-3240

Date: **November 5, 2001**
Reference No: **600-094-01**
Circular Letter No:
Distribution:
Special:

**TO: HEALTH BENEFIT OFFICERS AND ASSISTANTS IN
AMADOR, EL DORADO, HUMBOLDT, MADERA, MARIPOSA,
MENDOCINO, MERCED, SUTTER AND YUBA COUNTIES**

SUBJECT: PACIFICARE ENROLLEES IN 2002 EXITING COUNTIES

As you are aware, effective January 1, 2002, PacifiCare will discontinue coverage of the following counties: Amador, El Dorado, Humboldt, Madera, Mariposa, Mendocino, Merced, Sutter and Yuba. Physicians, hospitals and providers will no longer be available to PacifiCare members in these counties.

CalPERS, in partnership with PacifiCare, announced that members who reside in these counties may travel to PacifiCare providers in adjoining counties as long as they live or work within 30 miles of a contracted PacifiCare physician. Only members who are already enrolled in PacifiCare will qualify. **New enrollments will not be accepted.**

Open Enrollment for these members will be extended to November 16, 2001.

Members are being sent a letter (Attachment 1) by CalPERS regarding this change. This letter includes very specific instructions on what actions the Active employees and Retired members must take to determine if they qualify to stay enrolled in PacifiCare.

Members electing this option will be responsible for out-of-pocket costs if they obtain non-emergency care from physicians and facilities without approval from PacifiCare.

Employer ZIP Code Election Form

Active employees and working retirees electing to use the work address as the ZIP code to remain enrolled in PacifiCare must complete the "CalPERS Employer ZIP Code Election" form (Attachment 2). The Health Benefit Officer will keep this form in the employee's file. Working retirees must mail this Election form to CalPERS with their request to change plans.

Rescissions

Some employees may have already submitted Open Enrollment plan changes based on the previous policy. If you have employees whose plan change request has been submitted to

CalPERS, and they are eligible to remain with PacifiCare based on this change, they may rescind the pending change by submitting a new plan change request (HBD-12). This request must be made by November 16, 2001.

Complete Enrollment Documents (HBD-12) Using Residence or Work ZIP for PacifiCare During Open Enrollment as Follows:

Box 4B	Residence/Work ZIP Code	Write the <u>Residence/Workplace</u> ZIP Code
Box 11	Primary Care Physician	Provide the Qualifying PacifiCare Physician's Name. If no physician is selected PacifiCare will assign a qualifying physician.
Box 14	Reason Code	412
Box 15	Permitting Event Date	September 3, 2001 (Open Enrollment)
Box 16	Effective Date	January 1, 2002
Box 21	Employee Sign Date	November 2, 2001 – November 16, 2001
Box 33	HBO Received Date	No later than November 16, 2001
Box 35	Remarks	Change of Plans using workplace address during Open Enrollment. "Election form in file."

Document Submission

The HBD-12 Enrollment Forms must be submitted by the close of business on ***Wednesday, November 21, 2001.***

US Postal Service	Express Service/Direct Delivery
CalPERS Health Benefit Services Division P. O. Box 942714 Sacramento, CA 94229-2714	CalPERS Central Mailroom 400 P Street, Room 2220 Sacramento, CA 95814 (916) 326-3044

Communication

Employees must act now if they want to remain enrolled with PacifiCare. Therefore, CalPERS asks that you share this information as soon as possible with your affected employees.

Your employees must contact PacifiCare at 1-800-624-8822 for questions regarding doctors available to them or benefit information. For questions regarding enrollment, employees should contact CalPERS at 1-800-352-2238.

If you have any questions pertaining to the information provided, please call 1-800-352-2238.

Sincerely,

Tom Fischer, Chief
Health Benefit Services Division

Attachments