LACERA

2023

# Retiree Healthcare Benefits GUIDE

This *Benefits Guide* presents an overview of the LACERA-administered health plans, details about administrative rules and procedures, and insurance carrier contact information. For information about premium rates and important plan changes for the 2023 – 2024 plan year, please refer to the *Benefits Update* and *Monthly Premium Rates Booklet* included in this packet.

## Disease Management Programs

Disease Management Programs help LACERA members with certain chronic conditions (for example, hypertension, congestive heart failure, diabetes) to take advantage of support, tools, and information to help them manage their diseases. These programs also help LACERA fulfill one of its long-standing objectives regarding our members: to give you the tools you need to enjoy the best possible quality of life. All LACERA-administered medical plans have Disease Management Programs as part of their benefits. If you have a chronic disease, call your plan to learn how you can participate — your health is in your hands!

- **If you are in an HMO:** Call your HMO at the number listed at the back of this *Benefits Guide*.
- **If you are in Anthem Blue Cross Plan I, II, or III:** Call Accordant at (800) 948-2497. For Pharmacy Advisor Counseling (with Anthem Blue Cross Plans I, II, and III) call (866) 624-1481. The Pharmacy Advisor is a program that provides personal pharmacy care for adults managing conditions like diabetes, high blood pressure, and heart disease.
- **If you are in Anthem Blue Cross Prudent Buyer:** Call ConditionCare at (800) 522-5560.
- **If you are enrolled in a Cigna medical plan, your disease management program is called Your Health First:** Call (855) 246-1873 for more information.
- **If you are in Kaiser Permanente:** Your disease management programs are automatically integrated in your care. For Wellness Coaching by phone in English or Spanish call (866) 862-4295 to make an appointment.

## Medicare Prescription Drug Program

In compliance with the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Medicare introduced a prescription drug benefit called Medicare Part D on January 1, 2006. You may continue to receive information from the Centers for Medicare & Medicaid Services (CMS) and LACERA about your prescription drug options.

**As a reminder, please do not enroll in non-LACERA Medicare Part D plans before consulting with LACERA first.** If you do, you may jeopardize your coverage with LACERA — not just your prescription drug coverage, but all of your other medical coverage as well, and you may not be able to switch back to LACERA coverage until later. Also, if you have a Medicare Part D plan from an employer/agency other than LACERA, please consult with LACERA — CMS will not allow for both, and your coverage with LACERA may be jeopardized.

LACERA strives to ensure that our members continue to receive the best possible prescription drug coverage. If you have questions, please contact LACERA's Retiree Healthcare Division at (800) 786-6464 or email us at healthcare@lacera.com.

## Medicare Part B Premium Reimbursement Program Renewal

On December 6, 2022, the Board of Supervisors approved the 2023 Medicare Part B Premium Reimbursement Program for eligible LACERA-administered Medicare Plan enrollees and meet all the qualifications. The Medicare Part B reimbursement amount is $164.90 (single party); $329.80 (two-party).

Under the Medicare Part B Premium Reimbursement Program, the County reimburses members for their Medicare Part B premiums (up to the standard amount only) on a tax-free basis, provided members/eligible dependents meet the following eligibility requirements:

- Currently enrolled in both Medicare Parts A and B.
- Currently enrolled in a LACERA-administered Medicare HMO plan (such as Cigna Preferred with Rx, Kaiser Permanente Senior Advantage, UnitedHealthcare® Group Medicare Advantage (HMO), SCAN Health Plan (California), SCAN Desert Health Plan - Arizona (Maricopa, Pima, Pinal Counties), or SCAN Health Plan Nevada - Nevada (Clark and Nye Counties), or a Medicare Supplement Plan (Anthem Blue Cross Plan III).
- Currently paying for their Medicare Part B premium themselves.
- They are not being reimbursed for their Medicare Part B premium by another agency, such as a different employer, or by the state.

Under the Los Angeles County Retiree Healthcare Benefits Program – Tier 2, the County reimburses **only the retiree's/survivor's** Medicare Part B Premium (up to the standard amount).

The Medicare Part B Premium Reimbursement Program is subject to annual review by the Board of Supervisors. If you meet all of the requirements listed above and upon verification, the reimbursement amount is added to your monthly pension allowance (non-taxable).

If you and/or your eligible dependent meet all the requirements listed above and are eligible to receive the Medicare Part B premium reimbursement, you and/or your eligible dependent must provide documentation from the Social Security Administration (SSA) indicating how much you and/or your eligible dependent pay for your Medicare Part B monthly premium. The SSA verification must clearly list your name and information. LACERA sends the Request for Medicare Part B Premium Verification Notice usually in December, following the Board of Supervisors approval continuing the program for the following year, on an annual basis. If you have questions, or would like to request a verification letter, you can call Social Security directly at (800) 772-1213 (TTY (800) 325-0778), visit your local SSA office, or visit their website: www.ssa.gov.

**Please note:** 1099's are not acceptable as a form of verification as they do not list the Medicare Part B monthly premium amount.

**REMINDER:** If it is determined that another agency or the State is reimbursing you and/or your eligible dependent's Part B premium, we will suspend the reimbursement and you will be responsible for repaying any overpaid amount. As soon as you receive your new Medicare Part B verification letter from Social Security or Medicare, please submit a copy to LACERA's Retiree Healthcare Division. You may upload the document to MyLACERA by visiting www.lacera.com, clicking on the "My LACERA" tab, then "Sign In" or "Register Now." You may also fax to: (877) 399-3621, Attn: LACERA, Part B Verification.

## 2023 Medicare Part B Premiums

**The Centers for Medicare & Medicaid Services (CMS) recently announced that the standard monthly premium for Medicare Part B enrollees will be $164.90 for 2023, a $5.20 decrease from 2022.** However, a statutory "hold harmless" provision applies each year to about 70% of enrollees. For these enrollees, any increase in Part B premiums must be lower than the increase in their Social Security benefits. Social Security benefits will increase by 8.7% in 2023 due to the Cost of Living adjustment.

**Therefore, some beneficiaries who were held harmless against Part B premium increases in prior years will have a premium increase in 2023.**

Higher income Medicare enrollees who filed an individual (or married and filing separately) 2021 tax return showing a modified adjusted gross income greater than $97,000 (or $194,000 for a joint tax return) are responsible for a larger portion of the estimated total cost of Part B benefit coverage. The County does not reimburse the Medicare Part B premium amount above the standard rate set by Social Security. If you receive a bill from Medicare for your or your eligible dependent's Medicare Part B premium amount, it is your responsibility to pay that amount to Medicare, not LACERA. For questions about your Medicare bill, contact Medicare. If you have questions, please contact the Social Security Administration at (800) 772-1213 (TTY (800) 325-0778) or www.ssa.gov, or contact Medicare at (800) 633-4227 or www.medicare.gov.

| **Part B: Monthly Premiums (Medicare beneficiaries pay premiums directly to the Social Security Administration or Medicare)** | |
|---|---|
| **Annual Income (File individual tax return)** | **2023 Monthly Premium** |
| $0 – $97,000 | $164.90 (standard amount) |
| $97,001 – $123,000 | $230.80 |
| $123,001 – $153,000 | $329.70 |
| $153,001 – $183,000 | $428.60 |
| $183,001 – $499,999 | $527.50 |
| $500,000 or above | $560.50 |

## Los Angeles County/City of Los Angeles Reciprocity

Los Angeles County and the City of Los Angeles have a contract to provide a retiree health insurance reciprocity program for members who meet the established eligibility requirements. An eligible member's retirement date and years of service with each system will determine eligibility for full or limited reciprocity, as well as the plan for which he or she is eligible. If you think you may be eligible, please call LACERA's Retiree Healthcare Division at (800) 786-6464 or email us at healthcare@lacera.com.

## County Contributions Towards Healthcare Monthly Premiums Based on Retirement Service Credit

The County contributes an amount equal to a percentage of your healthcare plan premium of the benchmark Anthem Blue Cross Plan I and Anthem Blue Cross Plan II indemnity medical plans and the Cigna indemnity dental/vision plan.

- **For members with 10 years of retirement service credit,** the County contributes 40% of your selected healthcare plan premium or 40% of the benchmark plan rate (**Tier 1:** Anthem Blue Cross Plans I and II for medical and Cigna Indemnity for dental/vision; **Tier 2** based on **retiree-only premium**: Non-Medicare-Eligible – Anthem Blue Cross Plans I and II, Medicare-Eligible – Anthem Blue Cross Plan III, and Cigna Indemnity for dental/vision), whichever is less. For more information on Tier 2, see the section below titled: Los Angeles County Retiree Healthcare Benefits Program – Tier 2.
- **For each year of retirement service credit beyond 10 years,** the County contributes an additional 4% per year of your selected healthcare plan premium or 4% of the benchmark plan rate (**Tier 1:** Anthem Blue Cross Plans I and II for medical and Cigna Indemnity for dental/vision; **Tier 2** based on **retiree-only premium:** Non-Medicare-Eligible – Anthem Blue Cross Plans I and II, Medicare-Eligible – Anthem Blue Cross Plan III, and Cigna Indemnity for dental/vision), whichever is less, up to a maximum of 100% for a member with 25 years

of service credit. Members (including those with 25 years of service) are required to pay the difference each month on premiums exceeding the benchmark amount.

Although **retirees with less than 10 years of service credit** are not eligible for the County subsidy, they are eligible to enroll in LACERA-administered retiree healthcare benefits. In such cases, these retirees are responsible for the full amount of the monthly insurance premium amounts. The County's subsidy amount towards a member's healthcare premium is paid to the LACERA-administered health plan(s) that members choose to enroll in. Cash payment or cash payment towards the healthcare premium in a non-LACERA administered health plan is not an available option.

## Los Angeles County Retiree Healthcare Benefits Program — Tier 2

On June 17, 2014, the Los Angeles County Board of Supervisors (County) authorized **a new retiree health insurance program for new County employees who are hired after June 30, 2014 and are eligible for LACERA membership**.* The program, titled the **Los Angeles County Retiree Healthcare Benefits Program – Tier 2**, offers benefits covering hospital services, medical services, and dental/vision services to County retirees and their eligible dependents. Retiree healthcare benefits are not changing for current active, deferred, and retired members and their eligible survivors hired before July 1, 2014. The LACERA-administered Retiree Healthcare Benefits Program provided to current retirees and members hired prior to July 1, 2014 are protected and remain unchanged.

**Basic Tier 2 Provisions:**

- The County retiree **medical and dental/vision subsidy applies to retiree-only coverage. The County subsidy is based on retiree-only coverage, regardless of whether the retiree includes an eligible dependent(s) on his or her healthcare plan**. If you enroll dependents, you will pay the difference on any monthly premium that exceeds the retiree-only benchmark amount.
- Medicare-eligible retirees and eligible dependents **must enroll in Medicare Parts A and B and in a corresponding Medicare health plan, such as a Medicare Advantage Prescription Drug Plan (MA-PD) or Medicare Supplement Plan**.
- A retiree and his or her eligible dependents must be **enrolled in the same medical plan**, unless some, but not all, family members are Medicare-eligible. In such case, the Medicare-eligible individuals must enroll in a Medicare Plan and non-Medicare-eligible individuals must enroll in the corresponding non-Medicare health plan.

**Benchmark Plans (retiree-only coverage):**

- Medicare-ineligible retirees – Anthem Blue Cross I and II
- Medicare-eligible retirees – Anthem Blue Cross III
- Dental/vision – Cigna Indemnity Dental

**Retirees Eligible for Medicare**

- Mandatory enrollment in LACERA-administered Medicare Plans
  - Must enroll in Medicare Parts A and B
  - Must enroll in Medicare Advantage Prescription Drug Plan (MA-PD) or Medicare Supplement Plan
  - Also applies to eligible dependents who are Medicare-eligible

- County subsidizes the full amount of the **retiree's self-only** Medicare Part B Premium (standard amount); subsidy is tax-free provided the retiree meets eligibility requirements, subject to an annual review by the Board of Supervisors.
- Medical benchmark plan: retiree-only coverage in the Anthem Blue Cross Plan III

For more details about the Tier 2 Program, go to www.lacera.com/healthcare/RHC-Tier2.html or contact LACERA.

**Affected new employees first became eligible for LACERA membership on or after August 1, 2014 and were not eligible for reciprocity with a reciprocal agency based on service prior to August 1, 2014.*

## Plan Limitations and Exclusions

Each LACERA-administered health plan has its own exclusions, limitations, arbitration provisions, and contracts with Medicare with respect to healthcare services they can provide to their members. Please refer to the documents for each plan and **read them carefully and understand the rules** to become familiar with the provisions as they apply to the plan in which you are enrolled. You can obtain plan documents by requesting them directly from the insurance carrier.

## Dependent Eligibility

In order to cover your eligible spouse/dependent child(ren)/domestic partner/adopted child(ren), the official documents listed below must be provided to LACERA at the time of enrollment. Your enrollment form will be processed upon receipt of all required documents. We encourage you to submit photocopies of the necessary documents but will accept original documents.*

- Photocopy of Certified Marriage Certificate or photocopy of Certificate of Domestic Partnership** with the California Secretary of State.
- Photocopy of Certified Birth Certificate for eligible dependent children.

  All photocopies must be submitted with a signed Certificate Attestation Form – downloadable from the Brochures and Forms page of www.lacera.com – to certify that the copy submitted is a correct copy and contains no alterations from the original.
- Copy of legal court document for adopted children.
- Current physical or mental handicap verification form/physician statement/proof of continuous coverage for handicap child/proof of financial support.

You can easily provide LACERA with the necessary documents by:

- Uploading a scanned copy to My LACERA account,
- Faxing to (626) 564-6155, or
- Mailing to: LACERA, PO Box 7060, Pasadena, CA 91109-7060.

* *Please note it may take a few weeks to return the original documents to you.*

** *Domestic Partnership: On July 30, 2019, Governor Gavin Newsom signed SB 30, which eliminates the limitations on who may form domestic partnerships, allowing opposite-sex couples under the age of 62 to be eligible to form domestic partnerships. The new law, which became effective January 1, 2020, states that all couples, regardless of age or sexual orientation, who are eligible to be married may register with the California Secretary of State as domestic partners. For more information, please contact the California Secretary of State, Public Information at (916) 653-6814 or visit their website at www.sos.ca.gov.*

## Medical Plan Highlights

The following non-Medicare plans are available to retirees and their eligible dependents.

### Indemnity Plans

| | | Deductible |
|---|---|---|
| **Anthem Blue Cross Plan I** | You may see any physician you choose; the plan pays 80% after the deductible has been met. Hospital room and board is covered at $75 a day. There is no limit on your out-of-pocket expenses, and the plan's lifetime maximum benefit is $1,000,000. | Individual — $100<br>Family — $100 |
| **Anthem Blue Cross Plan II** | You may see any physician you choose; the plan pays 80% after the deductible has been met. Hospital room and board is covered at 90% for a network hospital (non-Medicare members only) or 80% for a non-network hospital for a semi-private room. Your out-of-pocket maximum for covered expenses is $2,500 a year, including deductible (does not include amounts over allowable charges). This plan has a lifetime maximum benefit of $1,000,000. | Individual — $500<br>Family — $1,500* |
| **Anthem Blue Cross Prudent Buyer Plan** | You may see any physician you choose: if you see a Prudent Buyer physician, the plan pays 80% after the deductible has been met; if you see a non–Prudent Buyer physician, the plan pays 70% after the deductible has been met. There is no limit on your out-of-pocket expenses, and the plan's lifetime maximum benefit is $1,000,000. | Individual — $100<br>Family — $200** |

### Health Maintenance Organizations (HMOs)

| | | Deductible | Office Visit Copay |
|---|---|---|---|
| **Cigna Network Model Plan** | You must select a network primary care physician for medical care. | N/A | $5 |
| **Kaiser Permanente** | You must receive ALL medical care from Kaiser Permanente, or Kaiser Permanente affiliated physicians, at a Kaiser facility, except in the case of a life-threatening emergency. | N/A | $5 |
| **UnitedHealthcare** | You must see network physicians for medical care. | N/A | $5 |

* *Each family member must meet the individual deductible of $500. $1,000 is the maximum combined deductible for families with two participants. $1,500 is the maximum combined deductible for families with three or more participants.*

** *Each family member must meet the individual deductible of $100. $200 is the maximum combined deductible for families with two or more participants.*

**The following Medicare plans are available to retirees and their eligible dependents who are Medicare-eligible and currently enrolled in Medicare Parts A and B.**

## Medicare Supplement Plan

| | | Deductible |
|---|---|---|
| **Anthem Blue Cross Plan III** | You should receive services from a physician who accepts Medicare assignment. When you receive services from a physician who accepts Medicare assignment, the plan pays 20% of Medicare-approved charges while Medicare pays 80% (in-network only). If you receive services from a physician who does not accept Medicare assignment, you will pay the full cost. This plan has an unlimited lifetime maximum benefit. | None |

## Medicare HMOs (also called Medicare Advantage Prescription Drug (MA-PD) Plan)

| | | Deductible | Office Visit Copay |
|---|---|---|---|
| **Cigna Preferred with Rx** | You must see network physicians for medical care. | N/A | $0 |
| **Kaiser Permanente Senior Advantage*** | You must receive ALL medical care from Kaiser Permanente, or Kaiser Permanente affiliated physicians, at a Kaiser facility, except in the case of a life-threatening emergency. | N/A | $5 |
| **UnitedHealthcare Group Medicare Advantage (HMO)*** | You must see network physicians for medical care. | N/A | $5 |
| **SCAN Health Plan , SCAN Desert Health Plan - Arizona (Maricopa, Pima, Pinal Counties), SCAN Health Plan Nevada - Nevada (Clark and Nye Counties)*** | You must see network physicians for medical care. | N/A | $5 |

* *If you are enrolled in the above plans, Medicare will not reimburse or pay for any treatment outside your elected healthcare plan. Your plan will not cover you for treatment received outside the plan's network except in an emergency.*

| | | Deductible | Cost |
|---|---|---|---|
| **Cigna Indemnity Dental/Vision** | **Dental:** You may see any dentist in the U.S. for dental care. | Individual — $25<br>Family — $50 | 20%* |
| | **Vision:** You may receive in-network or out-of-network benefits. | N/A | Depends on service |
| **Cigna Dental HMO/Vision** | **Dental:** You must see network dentists for dental care. | N/A | $0** |
| | **Vision:** You may receive in-network or out-of-network benefits. | N/A | Depends on service |

* *Member pays this percentage of usual and customary charges and the plan pays 80%, after deductible. Procedures with **high** noble metal are covered at 50%, after deductible.*

** *Member copay, plus additional charges specified in the plan brochure. Cigna Dental HMO members can access a copayment schedule at www.mycigna.com.*

## When and How You Can Change Medical Plans

In most cases, after completing a **six-month waiting period,** you can change from any LACERA-administered medical plan to any other LACERA-administered medical plan. Coverage is continuous, and you do not need to provide evidence of insurability.

### Procedure for Changing Medical Plans

1. Contact LACERA at (800) 786-6464 7:00 a.m. to 5:30 p.m., Monday through Friday, or sign in/register to myLACERA on lacera.com and request a Change Form. You can download a copy of the Change Form from the website at www.lacera.com. Look for RHC Brochures and Forms under the Retiree Healthcare tab.
2. Fill out the Medical New Enrollment/Change/Cancellation Form completely, and be sure to sign it and keep the last copy for your records.
3. Mail the rest of the form back to LACERA.
4. Coverage takes effect the first day of the month after completion of a six-month waiting period. The waiting period begins the month after your Change Form is received by LACERA.

### Exceptions to the Six-Month Waiting Period

The six-month waiting period will not apply if:

- You move out of your HMO service area.
- You're currently enrolled in the Anthem Blue Cross of California Prudent Buyer Plan and move out of the Prudent Buyer network area.
- You change from any LACERA-administered plan **to** SCAN Health Plan.
- You change from Anthem Blue Cross Plan I, Anthem Blue Cross Plan II, Anthem Blue Cross Prudent Buyer Plan, Kaiser Permanente, UnitedHealthcare, or Cigna Network Model Plan to Kaiser Permanente Senior Advantage, UnitedHealthcare Group Medicare Advantage (HMO), SCAN, or Anthem Blue Cross III.
- You change **from** Anthem Blue Cross Plan I **to** Anthem Blue Cross Plan II.

If you qualify for an exception to the waiting period, your plan change is effective as follows:

| If Your Change Form Is Received By: | Your Plan Change Is Effective: |
|---|---|
| The 15th day of any month | The 1st day of the month following receipt of your request |

*Example: If your form is received by June 15, your plan change will be effective July 1.*

If your change is to enroll in a Medicare Advantage Prescription Drug (MA-PD) HMO, your plan change is effective as follows (provided a copy of your Medicare Part A and B card is received):

| If Your Change Form Is Received By: | Your Plan Change Is Effective: |
|---|---|
| The 15th day of any month | The 1st day of the month following receipt of your request |

*Example: If your form is received by June 15, your plan change will be effective July 1.*

## Disenrolling from the Medicare Advantage Prescription Drug Plan (MA-PD)

If you wish to disenroll from your LACERA-administered Medicare Advantage Prescription Drug Plan (MA-PD), you should contact the LACERA Retiree Healthcare Division.

Depending on the plan you're disenrolling from, you may have the use of your Medicare benefits within 30 – 45 days of disenrollment. However, you must complete a six-month waiting period before transferring to another LACERA-administered health plan, except SCAN Health Plan. If you do not contact LACERA to coordinate your disenrollment, you will be subject to Late Enrollment rules when reenrolling in another LACERA-administered plan.

The LACERA Retiree Healthcare Division will coordinate your transfer to another plan so you avoid being covered by only original Medicare (Part A and Part B) during the waiting period — it is not necessary for you to notify either your current insurance carrier or your local Social Security office.

**IMPORTANT REMINDER:** Before enrolling in a Non-LACERA Medicare HMO or Supplement plan, contact LACERA first as this may jeopardize your current enrollment under the LACERA-administered group health plan.

## When and How You Can Change Dental/Vision Plans

In most cases, after completing a **one-year waiting period**, you can change from one LACERA-administered dental/vision plan to the other.

### Procedure for Changing Dental/Vision Plans

1. Request a Change Form by contacting LACERA at (800) 786-6464 7:00 a.m. to 5:30 p.m., Monday through Friday, or sign in/register to myLACERA at lacera.com. You can also download a copy of the Change Form from the website, at www.lacera.com.
2. Fill out the Dental/Vision New Enrollment/Change/Cancellation Form Form completely and be sure to sign it and keep the last copy for your records.
3. Mail the rest of the form back to LACERA.
4. Coverage takes effect the first day of the month after completion of a one-year waiting period. The waiting period begins the month after your Change Form is received by LACERA.

| If Your Dental Change Form is Received By: | Your Plan Change is Effective: |
|---|---|
| The 15th day of any month | The 1st day of the month following receipt of your request |

**Exceptions to One-Year Wait:**

- You move out of your Cigna dental/vision HMO service area.

If you qualify for an exception to the waiting period, your plan change is effective as follows:
*Example: If your form is received by June 15th, your plan change will be effective July 1st of the next month.*

Please note: The LACERA-administered group plans do not have an annual open enrollment period. You may make changes to your plans anytime; however, the waiting periods will apply accordingly: Medical - six months waiting period and Dental/Vision - one year waiting period.

**Important Reminder: As a LACERA member, you are responsible for notifying LACERA to request a Change Form to add or remove dependents from your plan within 30 days of a qualifying event (e.g., marriage/divorce/registration or termination of a domestic partnership, birth, adoption, death, disenrollment). If you are adding an eligible dependent, LACERA must receive the enrollment form within 30 days of the qualifying event, otherwise the late enrollment rules will apply (please see pages 8 and 9 of this booklet for the rules). If LACERA receives your form(s) by the 15th of the month, coverage for new eligible dependents begins on the first day of the month following the date of the qualifying event, provided LACERA receives the change form(s) within 30 days of the qualifying event.**

## Moving Permanently Out of Your Plan Network, Outside California, or Outside the United States

The benefits offered by all LACERA-administered health plans change when an enrolled member moves outside the provider network. Moving to a new location can impact your plan's service area, rates, and coverage levels. Before moving outside your provider network, please contact the Retiree Healthcare Division to determine the options you have and the changes you can expect, as well as confirming coverage service areas.

## If You Move Outside California or a Health Plan Service Area

If you decide to move outside California or out of your health plan's service area, you may have to make changes to your health plans. The benefits offered under the LACERA-administered Retiree Healthcare Benefits Program's group healthcare plans change when an enrolled member moves outside of the provider's network. Moving to a new location outside of your plan's service area can impact your plan's rates and coverage levels. Insurance requirements vary from state to state, and there may be specific state provisions that result in differences in plan benefits. For example, some wellness programs and routine checkups for adults are available in California but not in other states.

If you move outside California or out of your healthcare plan's service area, you may find:

- Your current health plan is not available. HMO plans are available in defined geographic areas.
- Your benefits may be reduced if the provider is not in-network. Anthem Prudent Buyer is a California-based, preferred provider network.

**Please notify LACERA first before disenrolling from your current health plan.** Here's a quick overview of how each of your LACERA-administered plans handles out-of-area retirees:

| Health Plan | Out-of-Area Benefits |
| --- | --- |
| **Anthem Blue Cross Plans I and II** | Plan pays 80% of covered expenses, although deductibles and hospital benefits differ between Plan I and Plan II. You are covered anywhere in the U.S. as well as in many foreign countries. |
| **Anthem Blue Cross Plan III (Medicare Supplement Plan)*** | Plan pays 20% of covered eligible Medicare expenses after Medicare pays. You are covered anywhere in the U.S. by hospitals or providers who accept Medicare assignment or provide Medicare-eligible services. You are covered in foreign countries for emergencies only. |
| **Anthem Blue Cross Prudent Buyer Plan*** | Plan pays 70% of covered expenses (80% if an emergency situation) for any physician in any state. You are covered in foreign countries for emergencies only. |
| **Cigna Network Model Plan/ Cigna Preferred with Rx (available in Maricopa, Pinal, and Pima Counties)** | You will need to change to another plan if you move outside California or Arizona. |
| **Kaiser Permanente/Kaiser Permanente Senior Advantage*** | You will need to change to another plan if you move to an area not covered by a Kaiser Permanente ZIP code service area. |
| **SCAN Health Plan, SCAN Desert Health Plan - Arizona (Maricopa, Pima, Pinal Counties), SCAN Health Plan Nevada - Nevada (Clark and Nye Counties)*** | SCAN Health Plan is available to LACERA retirees and their eligible dependents who are age 65 or older and under age 65 enrolled in Medicare Parts A and B. SCAN Health Plan is not available to family members who are under age 65 unless enrolled in Medicare Parts A and B.<br><br>SCAN Health Plan is a Medicare Advantage Prescription Drug Plan inclusive of value-added benefits, i.e.,Tivity Health SilverSneakers Fitness program, Independent Living Power (ILP) services, unlimited transportation for any medical need(s) and access to Preferred Pharmacy Network discounts. ILP is a program designed to help SCAN members remain in their homes as long as they can safely do so, avoiding and/or delaying a nursing home. ILP benefits include a Personal Care Coordinator who can arrange for the following services: caregiver, home-delivered meals, homemaker services, personal care, emergency response system, adult day care, inpatient custodial care and/or caregiver relief. Please note that ILP is only available in the five core counties of Los Angeles, Orange, Riverside, San Bernardino, and San Diego. Contact SCAN or LACERA for the service areas. |

| Health Plan | Out-of-Area Benefits |
|---|---|
| **UnitedHealthcare*** | You will need to change to another plan if you move outside California or outside the UnitedHealthcare service area ZIP code. |
| **UnitedHealthcare Group Medicare Advantage (HMO)*** | You must first notify LACERA. You will need to switch to another plan if you move outside California. |

** If you move permanently to a foreign country, the medical plans available to you are the Anthem Blue Cross Plans I and II. Anthem Blue Cross does not preauthorize any medical services provided in foreign countries. You must pay first and then send the bills, proof of medical necessity, and your payment information, along with an Anthem Blue Cross Foreign Claim Form, to Anthem Blue Cross of California for reimbursement. Download an international claim form at **www.bcbsglobalcore.com** or get a form by calling Member Services at the number on your ID card.*

## Continuation Coverage Through LACERA's COBRA Program

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal program that mandates LACERA to offer temporary continuation of benefits to eligible dependents in certain circumstances where coverage would otherwise terminate.

Dependents are considered eligible for continuation of benefits if they experience a "qualifying event" while continuously covered under a LACERA-administered health plan.

Qualifying events include:

- A divorce or legal separation of a spouse of a LACERA member.
- Termination of domestic partnership of a LACERA member and domestic partner registered with the California Secretary of State.
- Death of a LACERA member if his or her surviving spouse/domestic partner and dependents are not eligible to receive LACERA survivor benefits.
- An eligible dependent child who reaches the maximum age for the plan.

The maximum amount of time that COBRA benefits can be continued is 36 months, except under certain circumstances. You cannot be denied coverage based on your health status. ***Each eligible dependent must apply to continue coverage within 60 days from the date LACERA-administered group plan coverage terminates.***

COBRA participants are responsible for paying their own premiums at the current COBRA rate, which includes a 2% administrative fee. Each year the COBRA rate is adjusted to reflect the actual cost of coverage. If you elect to continue coverage, you pay the full cost of that coverage. Your first quarterly payment must be received by LACERA within 45 days of enrolling, and all subsequent payments must be received by the 15th day prior to each coverage month to avoid cancellation of coverage.

**Note:** The benefits, exclusions, rules, plan limitations, arbitration provisions and contracts that govern the LACERA-administered health plans also apply to any coverage provided through COBRA.

## If You Have Questions...

- For verification of health insurance coverage, your physician or pharmacist must call the number on your ID card. The numbers shown below **are for your use and not for physicians or pharmacists**.
- Call the insurance carriers at the numbers listed below if you need ID cards, health plan booklets, or claim forms, or if you have billing questions.

| Carrier | Phone Number | Website |
|---|---|---|
| **Medical Carriers** | | |
| Accordant (Disease Management — Anthem Blue Cross Plans I, II, and III) | (844) 393-0864<br>TTY (800) 735-2962 | www.accordant.com |
| Anthem Blue Cross ConditionCare (with Anthem Blue Cross Prudent Buyer) | (800) 522-5560 | www.anthem.com/ca |
| CarelonRx (Pharmacy Benefit Manager — Anthem Blue Cross Prudent Buyer Plan) | (800) 284-1110 | www.anthem.com/ca |
| Anthem Blue Cross Plans I, II, and III | (800) 284-1110 | www.anthem.com/ca |
| Anthem Blue Cross Prudent Buyer Plan | (800) 284-1110 | www.anthem.com/ca |
| Utilization Review (Anthem Blue Cross Plans I and II, Prudent Buyer Non-Medicare Members Only) | (800) 274-7767 | www.anthem.com/ca |
| Cigna Network Model Plan | (800) 244-6224 | www.mycigna.com |
| Cigna Preferred with Rx (available in Maricopa, Pinal, and Pima Counties) | (800) 627-7534 | www.mycigna.com |
| CVS Caremark (Pharmacy Benefit Manager — Anthem Blue Cross Plans I, II, and III) | (800) 450-3755 | www.caremark.com |
| Kaiser Permanente | (800) 464-4000 | www.kp.org |
| Kaiser Permanente Senior Advantage | (800) 443-0815 | www.kp.org |
| SCAN Health Plan, SCAN Desert Health Plan - Arizona (Maricopa, Pima, Pinal Counties), SCAN Health Plan Nevada - Nevada (Clark and Nye Counties) | (800) 559-3500 | www.scanhealthplan.com |
| UnitedHealthcare | (800) 624-8822 | www.myuhc.com |
| UnitedHealthcare Group Medicare Advantage (HMO) | (800) 457-8506<br>TTY 711<br>8:00 a.m. to 8:00 p.m., all time zones, Monday through Friday | www.uhcretiree.com |

| Carrier | Phone Number | Website |
|---|---|---|
| **Dental/Vision Carriers (You may view/ download your ID cards by registering/ logging in to mycigna.com)** | | |
| Cigna Dental HMO | (800) 244-6224 | www.mycigna.com |
| Cigna Indemnity Dental | (800) 244-6224 | www.mycigna.com |
| Cigna Vision Plan | (877) 478-7557 | www.mycigna.com |
| **Retiree Wellness Resources** | | |
| Anthem Blue Cross Plans I, II, III, and Prudent Buyer Plan (Global Fit) | (800) 294-1500 | |
| Kaiser Senior Advantage (Silver&Fit) | (877) 750-2746 | |
| SCAN Healthplan (Silver Sneakers) | (888) 423-4632 | |
| UHC MA Renew Active® | (800) 457-8506 | |

**Contact LACERA if you wish to:**

- Enroll or change healthcare plans
- Clarify the administrative rules
- Update personal your information

| LACERA Resource | Contact Information | Hours of Operation |
|---|---|---|
| **Retiree Healthcare Division** | | |
| *Telephone* | (800) 786-6464 | 7:00 a.m. to 5:30 p.m. PST, Monday through Friday |
| *E-mail* | healthcare@lacera.com | 24 hours a day, seven days a week (Response times are during business hours only, 7:00 a.m. to 5:30 p.m., Pacific Standard Time (PST), excluding Federal Holidays.) |
| *Mailing address* | LACERA, P.O. Box 7060<br>Pasadena, CA 91109-7060 | |
| *Fax* | Primary fax number:<br>(626) 564-6155<br>Urgent cases only:<br>(626) 564-6799 | 24 hours a day, seven days a week |

| | | |
|---|---|---|
| *Access My LACERA* | Go to the www.lacera.com homepage. Click on the My LACERA logo at the bottom of the page, then "Sign In" or "Register Now." | 24 hours a day, seven days a week |
| *Website* | www.lacera.com | 24 hours a day, seven days a week |
| **LACERA Member Services Center** | 300 North Lake Avenue<br>1st Floor<br>Pasadena, CA 91101 | 7:00 a.m. to 5:00 p.m. PST,<br>Monday through Friday |

You may contact the LACERA Retiree Healthcare Division to request a Medical New Enrollment/Change/Cancellation Form, Dental/Vision New Enrollment/Change/Cancellation Form, or a Universal Medicare Advantage Prescription Drug Plan (MAPD) Form.

Or, you may access and download the forms directly from the LACERA website:

- Go to www.lacera.com.
- On the homepage, select the "Retiree Healthcare" tab at the top of the page.
- Under "Program Basics", click on "Healthcare Resources" and click on "RHC Forms and Publications"

To help you complete your healthcare forms accurately, we have created detailed, step-by step instructions and samples on the Forms and Brochures web page to use as a reference while filling out your forms.

## IMPORTANT REMINDERS – MEMBER RESPONSIBILITIES:

- **There is no annual enrollment period under the LACERA-administered healthcare benefits programs.** You may change health plans at any time—however, waiting periods will apply (6 months wait for medical and 12 months wait for dental/vision), unless you meet one of the exceptions. The waiting period begins from the date that LACERA receives your enrollment change form(s).
- LACERA does not need information about your health or health conditions in order to assist you with your enrollment, administrative, or claims/service issues. In order to protect your private health information, we request that you limit your conversations and written correspondence with/to LACERA staff to your non-health issues only.
- You have the responsibility to read and understand, to the best of your ability, all information about your LACERA-administered retiree healthcare benefits or contact your carrier or LACERA if you need further clarification.
- You are responsible for notifying LACERA of any enrollment errors. Any time that you receive new ID cards from carriers, double check those to make sure you are in the healthcare plan you requested to be enrolled in on your enrollment form. Contact LACERA immediately if there are any discrepancies or problems.

- You are responsible for notifying LACERA to request an Enrollment Change Form(s) to add or remove a dependent(s) from your plan within 30 days of the qualifying event or change in family status, for example, marriage, birth, adoption, divorce, registration or termination of a domestic partnership, death, or disenrollment. The enrollment forms must be received by LACERA within 30 days of the qualifying event, otherwise the waiting period rules will apply. To ensure that you do not pay premiums for dependents that are no longer covered, you must contact LACERA and submit the enrollment form(s) within 30 days of the qualifying event. Any premiums paid for ineligible dependents may be refunded to you for a period of up to 12 months only. Contact LACERA if you have questions.
- You must notify LACERA in writing within 30 days of any change to your or your dependent's Medicare entitlement. You will be responsible for repaying any Medicare Part B premium reimbursements issued by LACERA that you are not entitled to, after the date your Medicare coverage ends.
- If you are both a LACERA retiree and a survivor of a LACERA retiree, you and all your eligible dependents can only be enrolled in one LACERA-administered health plan. Under no circumstances can you, regardless of your status, be enrolled both as a retiree and a survivor. **This is referred to as dual coverage, and it is not allowed.**

*In the event of any discrepancy between the information provided in this brochure and the formal SPD/Plan Document, the terms of the SPD/Plan Document will govern your entitlement to benefits, if any.*

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