

Our *Guide to Understanding Your Health Plan Statement* shows an example of a *Health Plan Statement* and describes its components. To use our online Guide, have your *Health Plan Statement* handy so you can identify the specific information that is described in the Guide.

1 As of Date

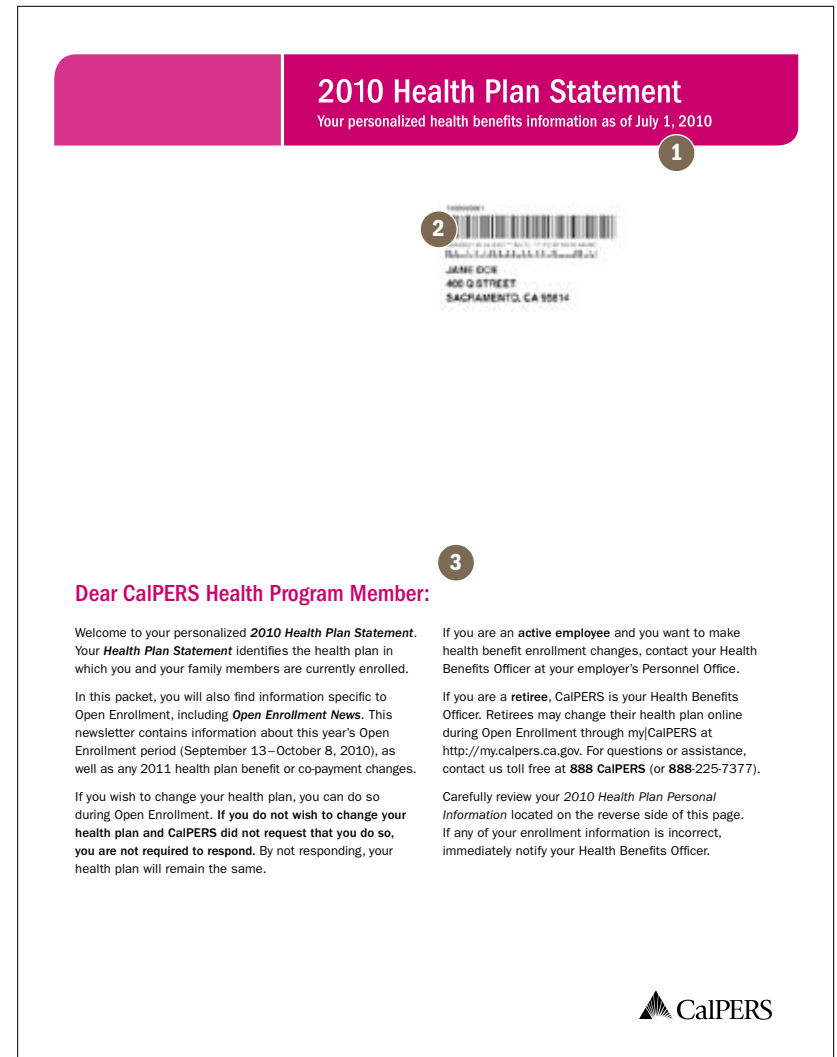
This is the date on which our system generated your statement with your personalized information. Any health enrollment changes processed on or after this date will not be reflected.

2 About You

This is the mailing address we have for you in our computer system. The bar-coded information identifies you in case your statement is returned in the mail. If your mailing information is not correct, be sure to contact your employer's Personnel Office if you are an active employee or CalPERS if you are a retiree.

3 Open Enrollment Information

This area has important information about the Open Enrollment period, including the dates of the next open period and the steps you need to take if you want to change your health plan.



4 Your Health Plan Personal Information

This page provides current health plan enrollment information for you and your family members. If the personal information on this page is not accurate, contact your employer's Personnel Office if you are an active employee or CalPERS if you are a retiree.

5 Your Health Plan

This is the name of the health plan in which you and your family members are currently enrolled.

6 ZIP Code Eligibility

This is the ZIP Code used to determine your eligibility for the health plan in which you are currently enrolled. You may choose either your residential or current work address ZIP Code to establish your eligibility. If you are retired, however, you may not use a P.O. Box or the address of the employer from which you retired to establish eligibility. Foreign addresses will not show a ZIP Code or may be shown as 95814.

7 Your Coverage

This should show you and all family members who are covered under your health plan. Be sure to review this information for accuracy, and report changes immediately to your employer's Personnel Office if you are an active employee or CalPERS if you are a retiree.

8 Relationship

This identifies you as a CalPERS member (Self) and your relationship with all your covered family members (Family). To make any necessary changes to this information, contact your employer's Personnel Office if you are an active employee or CalPERS if you are a retiree.

9 Date of Birth

This is the date of birth we have in our records for you and each of your family members.

10 Health Coverage

This identifies the type of health plan (Basic or Medicare) in which you and your family members are currently enrolled. If you or any of your family members are retired and eligible for Medicare based on a Social Security-qualified disability, you cannot be enrolled in a Basic health plan.

11 Alert Message

This is the area in which you may see an alert message from CalPERS. If a message like this appears on your statement, it means you need to be aware of important information that applies to you. Please review your statement for an alert message and take appropriate action, as necessary.

12 Notice of Privacy Practices

This notice informs you of your privacy rights in relation to the medical information CalPERS has on file about you.

2010 Health Plan Personal Information 4

It is your responsibility to ensure that the information below is accurate. If it is not, immediately report discrepancies to your Health Benefits Officer. Failing to maintain current and accurate enrollment data could impact health coverage eligibility for you and your family members. It could also result in an overpayment or underpayment of health premiums — and possibly make you liable to reimburse your employer.

Our records indicate that you are currently enrolled in: 5
Your eligibility ZIP Code¹ is: 6

The following individuals are enrolled under your health plan: 7

Relationship	Name	Date of Birth	Health Coverage
8		9	10

11 Health coverage for your dependents may be extended based on changes under national Health Care Reform. Make sure to read the enclosed information about extension of coverage for dependent children up to age 26.

12 **Notice of Privacy Practices:** CalPERS is responsible for protecting the medical information we have about you, and you have certain rights to access your medical information. The CalPERS Notice of Privacy Practices explains how medical information about you may be used and disclosed. To access the most recent Notice of Privacy Practices, you may visit our Web site at www.calpers.ca.gov or review the **Health Program Guide**, which you may order by using the pre-paid postcard enclosed with this packet. If you have any questions, you may also contact us at **888 CalPERS** (or 888-225-7377).

¹ The eligibility ZIP Code is used to determine the health plans in which you are eligible to enroll. If you are an active employee, you may choose either your residential or current work address ZIP Code to establish eligibility. If you are a retiree, you may not use the address of the agency from which you retired to establish eligibility. You can get a list of available health plans based on eligibility ZIP Codes from your employer, CalPERS On-Line at www.calpers.ca.gov, or by contacting CalPERS at **888 CalPERS** (or 888-225-7377).

NOTE: Evidence of Coverage booklets or duplicate health plan ID cards can be obtained by contacting the health plans directly.