

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 2018 – 2019 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 and press 1, or at (626) 564-6132, or email us at healthcare@lacera.com.

Medicare Part B Premium Reimbursement Program Renewal

On January 16, 2018, the Board of Supervisors approved the 2018 Medicare Part B Premium Reimbursement Program for eligible LACERA-administered Medicare Plan enrollees.

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-HealthSpring Preferred Rx, Kaiser Permanente Senior Advantage, UnitedHealthcare® Group Medicare Advantage (HMO), or SCAN) 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 subsidizes the full amount of **only the retiree's** Medicare Part B Premium (up to the standard amount only).

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: 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.

CAUTION: 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.

2018 Medicare Part B Premiums

The Centers for Medicare & Medicaid Services (CMS) recently announced that for 2018, the standard monthly premium for Medicare Part B enrollees will be \$134 for 2018, the same amount as in 2017. However, a statutory "hold harmless" provision applies each year to about 70 percent of enrollees. For these enrollees, any increase in Part B premiums must be lower than the increase in their Social Security benefits. After several years of no or very small increases, Social Security benefits will increase by 2.0 percent in 2018 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 2018.**

Higher income Medicare enrollees who filed an individual (or married and filing separately) 2016 tax return showing a modified adjusted gross income greater than \$85,000 (or \$170,000 for a joint tax

return) are responsible for a larger portion of the estimated total cost of Part B benefit coverage. If you have questions, please contact Medicare at (800) 633-4227 or www.medicare.gov.

Part B: Monthly Premiums (Medicare beneficiaries pay premiums directly to the Social Security Administration)	
Annual Income (File individual tax return)	2018 Monthly Premium
\$0 – \$85,000	\$134.00 (standard amount)
\$85,001 – \$107,000	\$187.50
\$107,001 – \$133,500	\$267.90
\$133,501 – \$160,000	\$348.30
over \$160,000	\$428.60

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 and press 1, or at (626) 564-6132, 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.

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. All original documents will be validated, scanned and returned to you:

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

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 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 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 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
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*	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 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 gold** 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.

Note: If you have end-stage renal disease (ESRD), which is permanent kidney failure that requires regular kidney dialysis or a transplant to maintain life, the following applies:

- You cannot change to Kaiser Permanente Senior Advantage unless you are already a Kaiser Permanente member.
- You cannot change to UnitedHealthcare Group Medicare Advantage (HMO) unless you are already a UnitedHealthcare member.
- You cannot change to SCAN from other LACERA-administered medical plans.

Procedure for Changing Medical Plans

1. Contact LACERA at (800) 786-6464 and press 1, or at (626) 564-6132, 7:00 a.m. to 5:30 p.m., Monday through Friday, 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 Change 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 (except the ESRD condition discussed in the box on page 8 of this *Benefits Guide*).

- 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. (Exception: You cannot change plans if you are currently being treated for end-stage renal disease.)
- 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.

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 and press 1, or at (626) 564-6132, 7:00 a.m. to 5:30 p.m., Monday through Friday. You can also download a copy of the Change Form from the website, at www.lacera.com.
2. Fill out the Change 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.

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:

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

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 and 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).

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. **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.
SCAN Health Plan*	<p>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.</p> <p>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 four core counties of Los Angeles, Orange, Riverside, and San Bernardino. Contact SCAN or LACERA for the service areas.</p>
Cigna Network Model Plan/ Cigna-HealthSpring Preferred with Rx (available in Maricopa County and Apache Junction, Pinal County, Arizona only)*	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.

UnitedHealthcare*	You will need to change to another plan if you move outside California or outside the UnitedHealthcare service area ZIP code.
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UnitedHealthcare Group Medicare Advantage (HMO)*	You must first notify LACERA. You will need to switch to another plan if you move outside California.
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** 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. Contact Anthem Blue Cross to obtain an Anthem Blue Cross Foreign Claim Form.*

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 TTY (800) 735-2962	www.accordant.com
Anthem Blue Cross ConditionCare (with Anthem Blue Cross Prudent Buyer)	(800) 522-5560	www.anthem.com/ca
Anthem Blue Cross Pharmacy Plan (Pharmacy Benefit Manager — Anthem Blue Cross Prudent Buyer Plan)	(800) 700-2541	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
Express Scripts (mail order provider — Anthem Blue Cross Prudent Buyer Plan)	(866) 297-1013	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.cigna.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	(800) 559-3500	www.scanhealthplan.com
UnitedHealthcare	(800) 624-8822	www.myuhc.com
UnitedHealthcare Group Medicare Advantage (HMO)	(800) 457-8506 TTY 711	www.uhcretiree.com
	8:00 a.m. to 8:00 p.m., all time zones, Monday through Friday	

Dental/Vision Carriers

Cigna Dental HMO	(800) 244-6224	www.cigna.com
Cigna Indemnity Dental	(800) 244-6224	www.cigna.com
Cigna Vision Plan	(877) 478-7557	www.cigna.com

Contact LACERA if you wish to:

- Change healthcare plans
- Clarify the administrative rules
- Update personal information

LACERA Resource	Contact Information	Hours of Operation
Retiree Healthcare Division		
<i>Telephone</i>	(800) 786-6464, press 1, or (626) 564-6132	7:00 a.m. to 5:30 p.m., Monday through Friday
<i>E-mail</i>	healthcare@lacera.com	24 hours a day, seven days a week
<i>Mailing address</i>	LACERA, P.O. Box 7060 Pasadena, CA 91109-7060	
<i>Fax</i>	Primary fax number: (626) 564-6155 Urgent cases only: (626) 564-6799	24 hours a day, seven days a week
<i>Access My LACERA</i>	Go to the lacera.com homepage. Click on the My LACERA logo at the bottom of the page and "Sign-in" or "Sign-up."	24 hours a day, seven days a week
<i>Website</i>	www.lacera.com	24 hours a day, seven days a week
LACERA Member Services Center	300 North Lake Avenue 1st Floor Pasadena, CA	7:00 a.m. to 5:00 p.m., Monday through Friday

You may contact LACERA to request a medical and/or dental/vision enrollment form or access and download the forms from the RHC Brochures & Forms page:

Click on the Healthcare tab Medical Plan - New Enrollment, Change, Cancellation

On the right side of the page, click Access and download healthcare forms.

Under the heading Enrollment/Change Forms, select:

Dental and Vision Plan – New Enrollment, Change, Cancellation

Medical Plan – New Enrollment, Change, Cancellation

IMPORTANT REMINDERS – MEMBER RESPONSIBILITIES:

- 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.

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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