

2010 Your Health Care, Your Choices

Tips and tools for making important decisions about your health care



About This Publication

The **2010 Your Health Care, Your Choices** provides valuable information to help you choose a health plan and health care providers. The booklet provides an overview of the differences between a health maintenance organization (HMO) and a preferred provider organization (PPO) and summarizes your plan choices in each category. It also gives you information about using our online *Health Plan Chooser* tool to select a health plan, member ratings of health plans, and tips to guide you in making other important decisions, such as choosing a doctor.

This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- **2010 Health Program Guide** – Describes Basic and Medicare health plan eligibility, enrollment, and choices
- **2010 Health Benefit Summary** – Compares benefits, covered services, and co-payment information for all CalPERS health plans
- **2010 CalPERS Medicare Enrollment Guide** – Provides information about how Medicare works with your CalPERS health benefits

You can order the above publications and obtain other information about your CalPERS health benefits through my|CalPERS at <http://my.calpers.ca.gov> or by calling CalPERS at 888 CalPERS (or 888-225-7377).

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CalPERS Health Program Vision Statement

CalPERS will lead in the promotion of health and wellness of our members through best-in-class, data-driven, cost-effective, quality, and sustainable health benefit options for our members and employers.

We will engage our members, employers, and other stakeholders as active partners in this pursuit and be a leader for health care reform both in California and nationally.

Choosing Your Health Plan



Selecting a health plan for yourself and your family is one of the most important decisions you will make. This decision involves balancing the cost of each plan along with other features, such as access to doctors and hospitals, pharmacy services, and special programs for managing specific medical conditions. Choosing the right plan ensures that you receive the health benefits and services that matter to you.

CalPERS is committed to providing our members access to high quality, affordable health care. We contract only with plans accredited by the National Committee for Quality Assurance (NCQA). NCQA evaluates the quality of health plans based on more than 50 standards, including preventive health services, doctors' credentials, and members' rights and responsibilities. Additionally, all CalPERS health plans use state-of-the-art systems to enhance quality, and we meet regularly with plan representatives to monitor performance.

If you are a new CalPERS member or you are considering changing your health plan during Open Enrollment, you will need to make two related decisions:

- Which health plan is best for you and your family?
- Which doctors and hospitals do you want to provide your care?

The combination of health plan and providers that is right for you depends on a variety of factors, such as whether you prefer a health maintenance organization (HMO) or preferred provider organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals. You may also want to consider how other CalPERS members rate the health plans and what percentage of members in each plan received care according to accepted standards.

CalPERS encourages all health plan members to review their *Evidence of Coverage* (EOC) booklet. You can obtain the EOC booklets online at www.calpers.ca.gov or by calling your health plan's customer service number and requesting a copy.

Questions to Ask When Choosing a Plan

Following are some questions you should ask when choosing a health plan:

- **Do you prefer to receive your health care from an HMO or PPO?** Your preference will impact the plans available to you, your access to health care providers, and how much you pay for certain services. See the chart on the next page for a summary of the differences between HMO and PPO plans.
- **Does the plan provide access to the doctors and hospitals you want?** Contact health plans directly for this information. You will find health plan phone numbers and Web site addresses in the Resources section at the back of this booklet.
- **What are the costs (premiums, co-payments, deductibles, out-of-pocket costs)?** Visit CalPERS On-Line at www.calpers.ca.gov to find out what the premiums are for the various plans. The *2010 Health Benefit Summary* contains information about benefits, co-payments, and covered services. You can obtain this publication through my|CalPERS at <http://my.calpers.ca.gov> or by calling CalPERS toll-free at **888 CalPERS** (or **888-225-7377**).
- **Are performance ratings and patient safety and satisfaction data available for the hospitals and/or medical groups in the health plan? If so, what are the results?** For information on hospital and health provider quality Web sites, visit the “Hospital Quality” page on CalPERS On-Line at www.calpers.ca.gov. To find this page, enter “hospital quality” in the Search box at the top of the home page.
- **Do you or a family member require any of the following?**
 - Easy access to certain types of specialists and/or programs to help manage chronic conditions such as asthma, diabetes, or heart disease. (Check with the plans to find out if they offer any special programs for your condition.)
 - Regular medications to manage a chronic condition. (Be sure to review plan differences in out-of-pocket costs for prescription medications.)
 - Regular use of durable medical equipment, such as a blood glucose monitor or a continuous positive airway pressure machine (CPAP) for sleep apnea. (Consider the coverage differences between the plans, and be sure you understand what your out-of-pocket costs will be.)
 - Inpatient or outpatient mental health care. (State law requires health insurers to provide the same benefits for mental health care as for all other health conditions; however, coverage amounts and limits may differ between plans.)
 - Special type of medical care, such as organ transplant or infertility treatment. (Check with the plans you are considering and carefully review the *Evidence of Coverage* booklets to be sure you understand whether these services are covered and what your out-of-pocket costs will be.)

Understanding the Differences Between HMO and PPO Plans

The following chart will help you understand some important differences between HMO and PPO health plans.

Features	HMO	PPO
Accessing health care providers	Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price	Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers
Selecting a primary care physician	Requires you to select a primary care physician (PCP) who will work with you to manage your health care needs ¹	Does not require you to select a PCP
Seeing a specialist	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Allows you access to many types of services without receiving a referral or advance approval
Obtaining care	Generally requires you to obtain care from providers who are a part of the plan network Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services)	Encourages you to seek services from preferred providers to ensure your deductibles and co-payments are counted towards your calendar year out-of-pocket maximums ² Allows you the option of seeing non-preferred providers; however, when you see a non-preferred provider, your plan pays a lower percentage of the bill, and the payments are not counted towards your calendar year out-of-pocket maximums ³
Paying for services	Requires you to make a small co-payment for most services	Limits the amount preferred providers can charge you for services Considers the PPO plan payment plus any deductibles and co-payments you make as payment in full for services rendered by a preferred provider

¹ Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.

² Once you meet your annual deductible, the plan pays 100 percent of medical claims for the remainder of the calendar year; however, you will continue to be responsible for co-payments for physician office visits, pharmacy, and other services.

³ Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or co-payments, plus any part of the bill that the PPO plan does not pay.

Saving Money When Choosing and Using Your Health Plan

We want to help you get the most for your health plan dollars. Following are two possible ways you can reduce your health care costs.

Reduce Your Premium by Selecting a High Performance Network

You might be able to save on your health premium by enrolling in one of our “high performance network” plans. These plans — Blue Shield of California NetValue (HMO) and PERS Select (PPO) — provide the same benefits and quality of care as Blue Shield Access+ HMO and PERS Choice, respectively. The difference is that you pay a lower premium in exchange for choosing from a smaller panel of physicians.

NetValue is available in 21 counties, and PERS Select is offered in 54 counties. If you don’t reside in one of these counties, but you work in one, you may be able to enroll in one of these lower cost health plans using your work ZIP Code. (See “Understanding Health Plan Availability” on page 7.)

Use Your Pharmacy Benefits Wisely

Each health plan has a formulary that lists which medications it covers. To ensure that the health plan you are considering covers the medications you take and to find out the co-payments, contact the health plan’s customer service representatives.

You can save money by asking your doctor to prescribe generic drugs if they are available and appropriate. The Food and Drug Administration requires that generic drugs have the same high quality, strength, purity, and stability as brand-name drugs.

If you require regular medication for a long-term or chronic condition, such as arthritis, diabetes, or high blood pressure, you can save money by using your plan’s mail order service. In most cases, you will receive a 90-day supply of maintenance prescription drugs for a co-payment that is equal to a 60-day supply at a retail pharmacy. As an added convenience, mail order prescriptions are sent directly to your home, so you don’t have to wait in line at your local pharmacy.

See the **2010 Health Benefit Summary** for more details about each plan’s prescription drug benefit.

How to Maximize Your Health Care Dollars

To illustrate the value of a high performance network plan, let’s use the example of a State member who currently has health coverage for himself and his family (wife, 4-year old child, and a baby on the way) through Blue Shield of California.

If this member transfers from the standard Blue Shield Access+ HMO family plan to Blue Shield NetValue, he would save more than \$2,100 in premiums in 2010.

He could use this savings to pay for additional health care services for his family, such as:

- Co-payments for 20 office visits for non-preventive care
- 20 retail generic drug prescriptions
- 20 retail brand prescriptions
- 4 mail order generic drug prescriptions
- 4 mail order brand prescriptions
- 4 mail order nonformulary prescriptions
- 12 urgent care visits
- 4 emergency room visits (without being admitted)

Even after all of the above, he would still keep an extra \$641 in his pocket.

CalPERS HMO and PPO Health Plan Choices

Depending on where you reside or work, your Basic and Medicare health plan options may include the following:

Basic HMO Health Plans	Basic PPO Health Plans	Supplement to Medicare HMO Health Plans	Supplement to Medicare PPO Health Plans	HMO Medicare Managed Care Plan (Medicare Advantage)	Out-of-State Plan Choices
Blue Shield of California (Blue Shield) Access+	PERS Select	Blue Shield Access+	PERS Select	Kaiser Permanente Senior Advantage	PERS Choice (PPO)
Blue Shield NetValue	PERS Choice	Blue Shield NetValue	PERS Choice		Blue Shield 65 Plus ³
Kaiser Permanente ¹	PERSCare	California Correctional Peace Officers Association (CCPOA) Medical Plan ²	California Association of Highway Patrolmen (CAHP) Health Plan ²	Kaiser Permanente (HMO) is available in parts of the following states: CO, GA, HI, MD, OH, OR, VA, WA, and Washington, D.C. Costs and some benefits may vary outside of California. ¹	Peace Officers Research Association of California (PORAC) Police and Fire Health Plan (PPO) ²
California Correctional Peace Officers Association (CCPOA) Medical Plan ²	California Association of Highway Patrolmen (CAHP) Health Plan ²	Peace Officers Research Association of California (PORAC) Police and Fire Health Plan ²	Peace Officers Research Association of California (PORAC) Police and Fire Health Plan ²		

In a PPO plan, when you obtain services from a non-preferred provider, you are responsible for the difference between the billed charges and what your health plan pays. This difference can be substantial.

Note: CalPERS also offers both Basic and Medicare enrollees in Colusa, Mendocino, and Sierra counties the choice of selecting the Blue Shield Exclusive Provider Organization (EPO) Health Plan. See the **2010 Health Program Guide** for more information about EPOs as well as detailed health plan eligibility and enrollment guidelines.

¹ Kaiser requires binding arbitration.

² You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (CCPOA, CAHP, or PORAC).

³ This is the Medicare Advantage plan for Blue Shield NetValue and Access+. Blue Shield of California has replaced its Supplement to Medicare plan with a new Medicare Advantage plan in Los Angeles, Orange, San Luis Obispo, and Ventura counties, and parts of Riverside, San Bernardino, Kern, Fresno, and Madera counties.

Understanding Health Plan Availability



Some of our health plans are only available in certain counties and/or ZIP Codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling.

Enrolling in a Health Plan Using Your Residential or Work ZIP Code

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code. To enroll in a Medicare Advantage plan, you must use your residential address.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. You cannot use the address of the employer from which you retired to establish ZIP Code eligibility unless it is a non-CalPERS covered employer.

If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. When you use your work ZIP Code, 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 reside in that service area.

The following pages include a chart indicating which CalPERS health plans are available in each California county, as well as out-of-state. To determine if the health plan you are considering provides service where you reside or work, find your county to see which plans are available. Contact the plan before you enroll to make sure they currently cover your ZIP Code and that their provider network is accepting new patients in your area. You may also use our online service, the *Health Plan Search by ZIP Code*, available at www.calpers.ca.gov.

Health Plan Availability by County

County	Blue Shield Access+ & EPO	Blue Shield NetValue	Blue Shield 65 Plus	CAHP	CCPOA	Kaiser Permanente	PERS Choice	PERS Select	PERSCare	PORAC
Alameda	●			●	●	●	●		●	●
Alpine				●			●	●	●	●
Amador				●		●	●	●	●	●
Butte	●			●	●		●	●	●	●
Calaveras				●			●	●	●	●
Colusa	▲			●			●	●	●	●
Contra Costa	●			●	●	●	●	●	●	●
Del Norte				●			●	●	●	●
El Dorado	●	●		●	●	●	●	●	●	●
Fresno	●	●	●	●	●	●	●	●	●	●
Glenn	●			●	●		●	●	●	●
Humboldt	●			●			●	●	●	●
Imperial	●	●		●	●		●	●	●	●
Inyo				●			●	●	●	●
Kern	●	●	●	●	●	●	●	●	●	●
Kings	●	●		●	●	●	●	●	●	●
Lake				●			●	●	●	●
Lassen				●			●	●	●	●
Los Angeles	●	●	●	●	●	●	●	●	●	●
Madera	●	●	●	●	●	●	●	●	●	●
Marin	●			●	●	●	●		●	●
Mariposa	●			●	●	●	●	●	●	●
Mendocino	▲			●			●	●	●	●
Merced	●			●	●		●	●	●	●
Modoc				●			●	●	●	●
Mono				●			●	●	●	●
Monterey				●			●	●	●	●
Napa				●		●	●	●	●	●
Nevada	●	●		●	●		●	●	●	●
Orange	●	●	●	●	●	●	●	●	●	●
Placer	●	●		●	●	●	●		●	●
Plumas				●			●	●	●	●
Riverside	●	●	●	●	●	●	●	●	●	●
Sacramento	●	●		●	●	●	●	●	●	●

County	Blue Shield Access+ & EPO	Blue Shield NetValue	Blue Shield 65 Plus	CAHP	CCPOA	Kaiser Permanente	PERS Choice	PERS Select	PERSCare	PORAC
San Benito				●			●	●	●	●
San Bernardino	●	●	●	●	●	●	●	●	●	●
San Diego	●	●		●	●	●	●	●	●	●
San Francisco	●	●		●	●	●	●	●	●	●
San Joaquin	●	●		●	●	●	●	●	●	●
San Luis Obispo	●	●	●	●	●		●	●	●	●
San Mateo	●	●		●	●	●	●	●	●	●
Santa Barbara	●	●		●	●		●	●	●	●
Santa Clara	●			●	●	●	●	●	●	●
Santa Cruz	●			●	●		●	●	●	●
Shasta				●			●	●	●	●
Sierra	▲			●			●	●	●	●
Siskiyou				●			●	●	●	●
Solano	●			●	●	●	●		●	●
Sonoma	●			●	●	●	●	●	●	●
Stanislaus	●			●	●	●	●	●	●	●
Sutter				●		●	●	●	●	●
Tehama				●			●	●	●	●
Trinity				●			●	●	●	●
Tulare	●			●	●	●	●	●	●	●
Tuolumne				●			●	●	●	●
Ventura	●	●	●	●	●	●	●	●	●	●
Yolo	●	●		●	●	●	●	●	●	●
Yuba				●		●	●	●	●	●
Out-of-State						●	●		●	●

Chart Legend

- Health plan covers all or part of county.
- ▲ The Blue Shield EPO plan serves Colusa, Mendocino, and Sierra counties only. The EPO plan offers the same covered services as the Access+ HMO plan, but members must seek services from Blue Shield's network of preferred providers. Members are not required to select a personal physician.

Tools to Help You Choose Your Health Plan



We understand that comparing health plan benefits, features, and costs can be complicated. That's why we offer several resources to help you decide which health plan is right for you.

Health Plan Chooser

The *Health Plan Chooser* is an online tool that provides a convenient way to evaluate your health plan options and make an educated decision about which plan is best for you and your family. With this easy-to-use tool, you can weigh plan benefits and costs, search for specific doctors, and view overall plan satisfaction ratings.

The Chooser is available to help you make health plan decisions at any time. You can use it if:

- You want to find a new health plan during Open Enrollment.
- You want to change your primary care doctor or find a new specialist.
- You are a new employee and want to evaluate your health plan options.
- Your employer just began offering the CalPERS Health Program, and you need to choose a plan.
- Your marital status or enrollment area has changed.
- You are planning for retirement and want to explore your health plan options.
- You become eligible for Medicare.

The Chooser takes you through five steps that provide you with key information about each health plan. At each step, you can rate the plans. When you finish, the Chooser gives you a Results Summary chart highlighting the plan(s) you rated as the best fit in each category. This chart allows you to easily determine which plan meets your needs.

The *Health Plan Chooser* provides customized help in selecting the health plan that is right for you and your family — a decision that impacts the quality of your health care and ultimately, the quality of your life. **You can find the *Health Plan Chooser* by visiting CalPERS On-Line at www.calpers.ca.gov.**

Using the Chooser



Step 1. Estimate Your Costs

Your out-of-pocket costs will differ from plan to plan depending on several factors, including how much your employer contributes toward your premium, how often you go to the doctor, and how many prescriptions you fill each year. An ongoing illness (e.g., heart disease, asthma, diabetes) can also affect your out-of-pocket costs. When you enter specific information about these variables into the Chooser, you will receive an estimate of how much your out-of-pocket costs will be each year. (Remember that any dollar amounts indicated on the Chooser are estimates only.)



Step 2. Find a Doctor

Unless you moved recently, you probably already have a primary care doctor. You can use the Chooser to see if your doctor is in the health plan you are considering. If your doctor is not in the plan you are considering or if you would like to change doctors, you can search for physicians in your area by name or by specialty.



Step 3. Review Member Ratings of Health Plans

The Chooser allows you to compare member ratings for the health plans. The member ratings indicate how other CalPERS members rate the plans in key areas, such as getting needed care, getting prescriptions easily, and customer service. (See pages 13–15 for member ratings.)



Step 4. Evaluate Plan Features

On the surface, you may think that all health plans are pretty much the same—but if you look more closely, you will find differences in several areas. The Chooser helps you identify the differences by allowing you to evaluate features in three categories:

- Help to Stay Healthy
- Medical Conditions
- How to Save Money

For example, if you smoke and would like to quit, you can find out what type of “stop smoking” program each plan offers. If your child has asthma, you can find out about asthma management programs. If you fill a lot of prescriptions each year, you can get some helpful tips on how to save money on your medications.



Step 5. Compare Plan Costs and Covered Services

This part of the Chooser provides a summary of your costs for doctor visits and hospital stays, deductibles (if applicable), and the yearly maximum for each plan. To see more detailed information about your cost for various services, click on any of the plan names. You can also select up to three plans to see a side-by-side comparison of costs.

Health Plan Choice Worksheet

An alternative tool we provide is the *Health Plan Choice Worksheet* on page 20 of this booklet. This worksheet includes the same steps as the Chooser, allowing you to compare factors such as cost, benefits, quality, performance, and member ratings. Just go through the steps listed in the left column of the Worksheet. Some answers will be a simple “yes” or “no,” while others will require you to insert information or to call the health plan. If you need assistance completing the form, contact CalPERS at **888 CalPERS** (or **888-225-7377**).

my|CalPERS

You can use my|CalPERS, our secure, personalized Web site, to get one-stop access to all your current health plan information, including details about which family members are enrolled. You can also use it to search for other health plans that are available in your area, access CalPERS Health Program forms, order Health Program publications, and find additional information about CalPERS health plans. Retirees can use my|CalPERS to change their health plan online during Open Enrollment. my|CalPERS is available when you need it at <http://my.calpers.ca.gov>.

Health Plan Ratings



Reviewing how other CalPERS members rate health plan services and seeing how the plans compare may help you choose a plan. Your experience may differ depending on your needs, expectations and behavior, as well as your provider and treatment choices.

Annual Member Survey

Every year, CalPERS conducts a survey of 1,100 members in each Basic and Medicare health plan that has at least 2,000 members. We use the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, which is a standard tool for measuring health plans.¹

Since Association plans (CCPOA, CAHP, and PORAC) are only available to members who belong to the applicable Association, the ratings for these plans are not included in the charts that follow.

The margin of error for the Basic plans is plus or minus about 4.7 percent; for the Medicare plans, it is plus or minus about 3.5 percent.

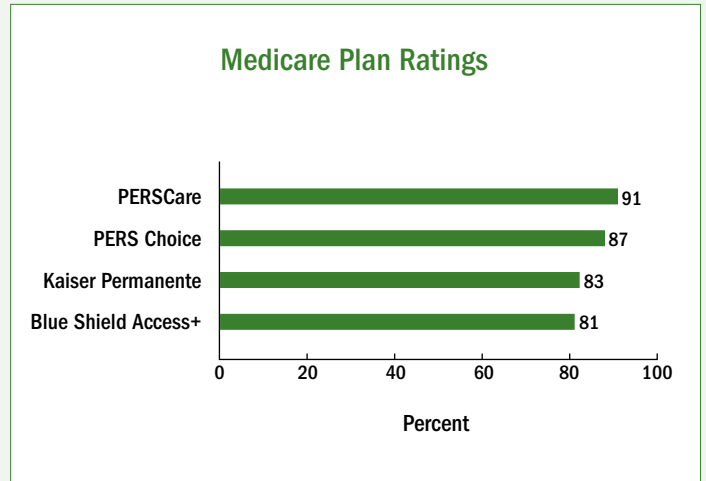
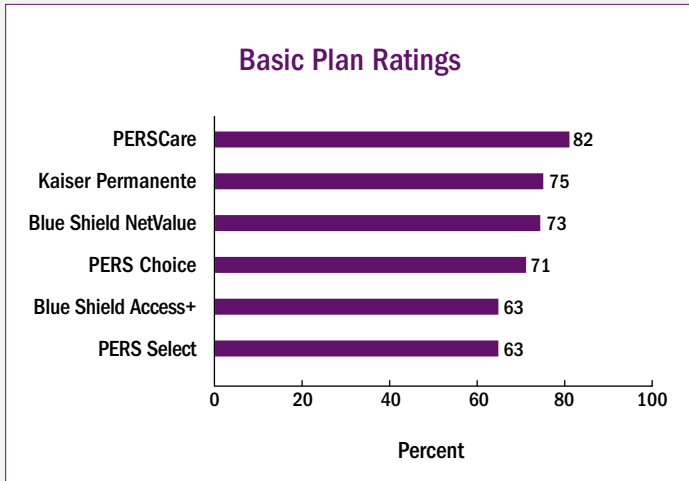
We encourage you to look at the ratings for each plan and do your own research using the information provided in the Resources section on pages 18–19.

¹This year, Blue Shield NetValue and PERS Select did not have enough Medicare members to survey. For the smaller plans, the number of members surveyed represents a larger percentage of the total covered lives in those plans. This results in a higher ratio of survey respondents to adult members served.

Member Ratings of Health Plan Services

Overall Ratings

The following charts show the percentage of members in each plan who rated all of their health care 8–10 on a 10-point scale.

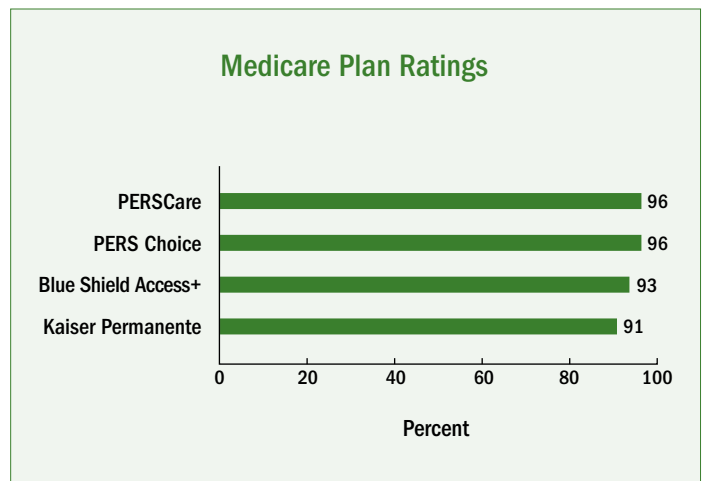
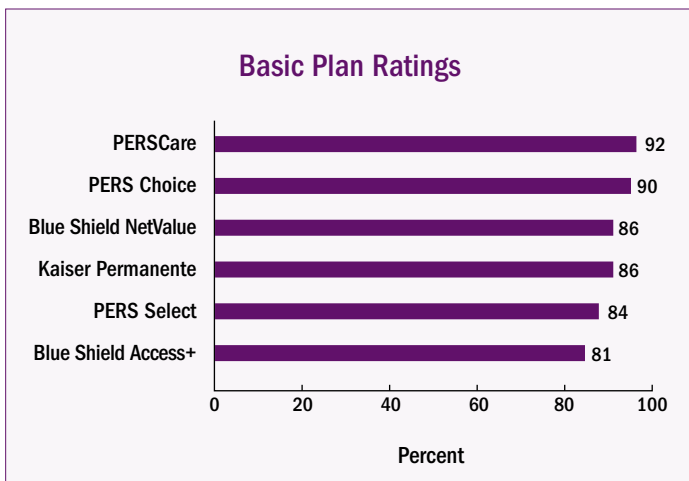


Detailed Ratings

The following charts offer more details about how members rated the health plans in three important areas: getting needed care, ease of getting prescriptions, and customer service. You can use these more detailed ratings to guide you in selecting a health plan.

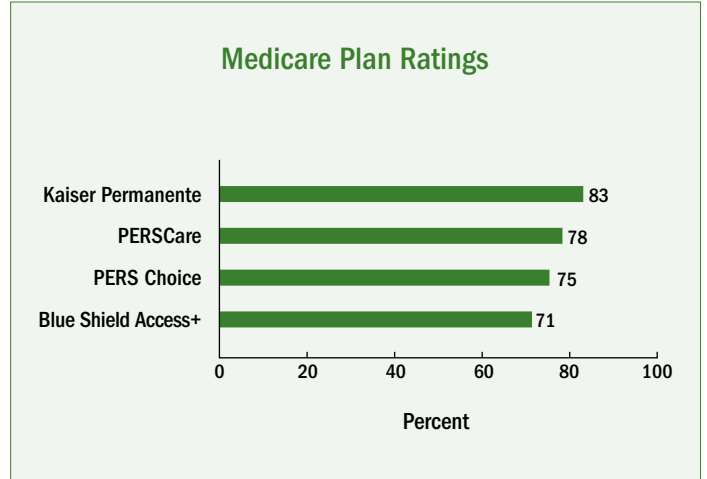
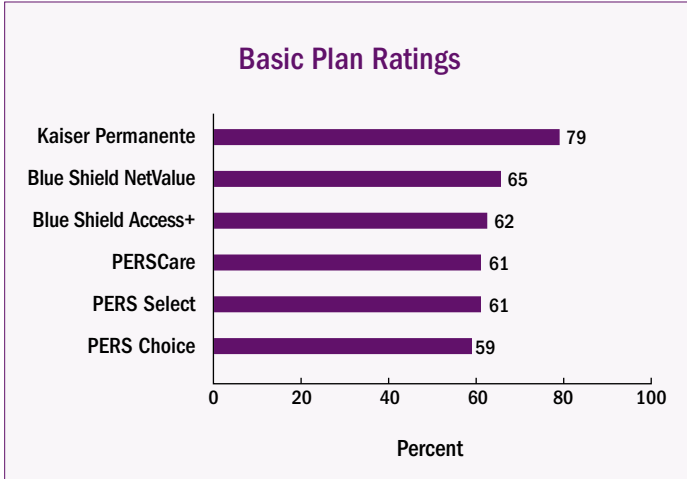
Getting Needed Care

Percentage of members who responded “usually” or “always” when asked how often it was easy to get appointments with specialists, and to get the care, tests, or treatment they felt they needed.



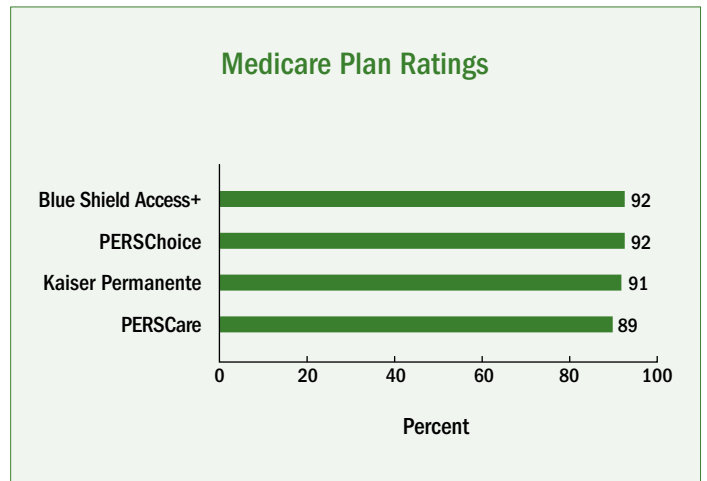
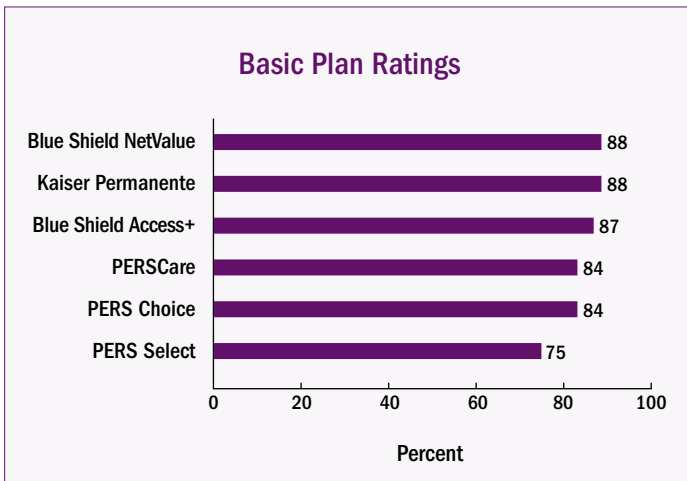
Ease of Getting Prescriptions

Percentage of members who reported it is always easy to get prescriptions.



Customer Service

Percentage of members who stated that their health plan “usually” or “always” provided what they needed in the areas of customer service and information.



Choosing Your Doctor and Hospital



Once you choose a health plan, you will need to find a primary care physician. Except in the case of an emergency, the doctors you can use – and the medical groups and hospitals you will have access to – will depend on your choice of health plan.

Questions to Ask When Selecting a Doctor

Following are some questions to ask when selecting a doctor:

- **Where is the doctor's office?**
- **How long has the doctor been in practice?**
- **How much experience does the doctor have in providing the care you need?**
- **What are the office hours and appointment availability?**
- **Does the doctor use nurse practitioners or physician assistants in the office?** This could help you schedule more timely appointments for routine matters.
- **Is the doctor board-certified in a specialty?** You may choose a primary doctor for yourself and your family members from one of the following specialties: family practice, internal medicine, geriatrics, or pediatrics. Some obstetrician/gynecologists also provide primary care.
- **What hospitals does the doctor use?** Do these hospitals report quality measures, and how do they rate? See the Resources section of this booklet on pages 18–19.
- **Does the doctor speak your language and understand your culture?**
- **Does the doctor use electronic medical records, including e-Prescribing?**
- **Does the doctor use evidence-based medicine to care for patients?** Evidence-based medicine involves integrating information from the best available clinical research into a doctor's care of individual patients, or using medical evidence to determine what "works best."

The Value of Having a Primary Care Physician

Only HMOs require members to have a primary care physician; however, CalPERS recommends that all members select a primary care physician. It is important for you to develop a relationship with a primary care physician who knows your specific medical history and needs. Your physician should:

- Help you identify your health risks and improve your health
- Provide appropriate preventive care
- Provide care for acute and chronic illnesses
- Work with other providers to coordinate your health care, when necessary

Verify That the Doctor You Select is Part of Your Health Plan

Many people find their doctor by asking neighbors or co-workers for a doctor's name. Others receive referrals from doctors they already know. Still others simply pick a physician from their health plan who happens to be nearby. Once you choose a doctor, call the doctor's office and ask if he or she affiliates with the plan you are selecting and the hospital you prefer

to use. You can also use the *Health Plan Chooser* tool described on pages 10–11 and available on the CalPERS Web site at www.calpers.ca.gov to find out which plans include your doctor. Either way, you should confirm that the doctor is taking new patients in the plan you select.

Considering Your Hospital Choices

Following are some tips to help you choose a hospital:

- Ask your doctor which hospital he or she uses and recommends.
- If you need a complex procedure, ask the doctor and hospital how many of these procedures they perform and what their outcomes are (generally, the more they do, the better the results).
- Be aware that hospitals differ in their performance and cost. A hospital that performs well in providing one type of care may not necessarily perform as well in providing other types of care. Use the CalHospitalCompare Web site, and other hospital quality Web sites listed on the Resources page of this booklet to review hospital quality.
- PPO health plan members should confirm that the hospital is a preferred provider, and ask if the hospital-based specialists (anesthesiologists, radiologists, pathologists) are preferred providers, as well.

If you need to be hospitalized, your health plan or medical group will have certain hospitals that you are able to use. If you prefer a particular hospital, you should make sure the health plan you select contracts with that hospital.

Resources



As a health care consumer, you have access to many resources, services, and tools that can help you find the right health plan, doctor, medical group, and hospital for yourself and your family.

Health Plan Contact Information

Following are phone numbers and Web sites for CalPERS health plans.

Health Plan	Phone Number	Web Site
Blue Shield of California (includes Access+, EPO, and NetValue)	(800) 334-5847 (toll-free) (800) 241-1823 (toll-free TTY) – for the hearing and speech impaired	www.blueshieldca.com (current members) www.blueshieldca.com/calpers (prospective members)
PERS Select, PERS Choice, or PERSCare	Medical Benefits: (877) 737-7776 (toll-free) (818) 234-5141 (outside the continental U.S.) (818) 234-3547 (TDD)	www.anthem.com/ca/calpers
Medco	Pharmacy Benefits: (800) 939-7091 (toll-free)	www.medco.com/calpers
Kaiser Permanente	(800) 464-4000 (toll-free) (800) 777-1370 (toll-free TTY) – for the hearing and speech impaired	http://my.kaiserpermanente.org/ca/calpers/

Obtaining Hospital and Medical Group Quality Information

Following is a list of resources you can use to evaluate and select a doctor, medical group, and hospital.

Source	Web site	Description
Hospitals		
CalHospitalCompare	www.CalHospitalCompare.org	CalHospitalCompare is a standardized, universal performance report card for California hospitals that includes patient experience and clinical quality measures.
U.S. Department of Health and Human Services	www.hospitalcompare.hhs.gov	This site provides publicly reported hospital quality information, including measures on heart attacks, pneumonia, heart failure, and surgery.
HealthGrades	www.healthgrades.com	HealthGrades uses data from Medicare and states to compare outcomes of care for common procedures.
The Leapfrog Group	www.leapfroggroup.org	This is a coalition of health purchasers who have found that hospitals meeting certain standards have better care results.
Doctors and Medical Groups		
California Medical Board	www.medbd.ca.gov	This is the State agency that licenses medical doctors, investigates complaints, disciplines those who violate the law, conducts physician evaluations, and facilitates rehabilitation where appropriate.
Office of the Patient Advocate	www.opa.ca.gov	This Web site includes a State of California-sponsored "Report Card" that contains additional clinical and member experience data on HMOs and medical groups in California.

For more information about CalPERS health plans and access to the *Health Plan Chooser*, visit our Web site at www.calpers.ca.gov. To speak with someone at CalPERS about your health plan choices, call **888 CalPERS** (or **888-225-7377**).

Health Plan Choice Worksheet

Plan name and phone numbers:									
Select the type of plan: (circle choice)		PPO	HMO	EPO	Assoc. Plan ¹	PPO	HMO	EPO	Assoc. Plan ¹
Step 1 - Cost	Calculate your monthly cost. Enter the monthly premium (see current year's rate schedule). Premium amounts will vary based on 1-party/2-party/family and Basic/Medicare.								
	Enter your employer's contribution. For contribution amounts, active members should contact their employer; retired members should contact CalPERS.								
	Calculate your cost. Subtract your employer's contribution from the monthly premium. If the total is \$0 or less, your cost is \$0.								
Step 2 - Availability	Call the plan's customer service center and ask if the plan is available in your residential or work ZIP Code.								
	Ask for a provider directory or the names of doctors accepting new patients.								
	Call the doctor's office. Confirm that they contract with the plan and are accepting new patients. Ask what specialists are available and the hospitals with which they are affiliated.								
Step 3 - Comparisons	How did the plan rate in "satisfaction"? See pages 13-15 of <i>Your Health Care, Your Choices</i> . ²								
	Compare the "benefits." Look at the <i>Health Benefit Summary</i> booklet. ² CalPERS plans offer a standard package of benefits, but there are some differences: acupuncture, chiropractic, etc.								
Step 4 - Other	Other considerations: Does the plan offer health education? Do you or your family have special medical needs? What services are available when you travel? Are the provider locations convenient?								
	What changes are you planning in the upcoming year (e.g., retirement, transfer, move, etc.)?								
	Other information								
Compare and select a plan.									

¹ You must belong to the specific employee association and pay applicable dues to enroll in the Association Plans.

² You can access other health publications, including the *2010 Health Program Guide*, the *2010 Health Benefit Summary*, and the *2010 CalPERS Medicare Enrollment Guide* online at www.calpers.ca.gov. You may also order them through my|CalPERS at <http://my.calpers.ca.gov> or by calling 888 CalPERS (or 888-225-7377).



CalPERS Health Benefits Program

P.O. Box 942714

Sacramento, CA 94229-2714

888 CalPERS (or **888-225-7377**)

www.calpers.ca.gov

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