



2023 Medical Plan Enrollment Form

(for Anthem Blue Cross/SCAN Health Plan/UnitedHealthcare ONLY)

1. SUBSCRIBER INFORMATION					
Last Name		First Name, Middle Initial		Birth Date	Daytime Phone Number
Street Address		City		State	Zip Code
Email Address:				Retirement Effective Date:	
Status		Gender	Social Security Number		
<input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		<input type="checkbox"/> Male <input type="checkbox"/> Female			
2. MEDICAL PLAN NAME				LACERS DUAL CARE HMO PLANS** (California only*)	
* Available only within authorized zip code service areas.					
Anthem Blue Cross <input type="checkbox"/> HMO (California only*) <input type="checkbox"/> PPO <input type="checkbox"/> Medicare Preferred PPO Plan (Medicare Advantage with Rx) <i>*Available only within authorized zip code service areas.</i>		SCAN Health Plan <input type="checkbox"/> California* UnitedHealthcare Medicare Advantage HMO <input type="checkbox"/> California* <input type="checkbox"/> Arizona* <input type="checkbox"/> Nevada*		<input type="checkbox"/> Anthem Blue Cross HMO & SCAN Health Plan <input type="checkbox"/> Anthem Blue Cross HMO & UnitedHealthcare Medicare Advantage HMO <i>**Anthem Blue Cross HMO will cover the subscriber/dependent who is under age 65 or over age 65 with Medicare Part B only</i>	
3. LIST SELF AND ANY ELIGIBLE DEPENDENT(S) TO BE ENROLLED IN THE MEDICAL PLAN					
Last Name, First Name, Middle Initial	Social Security Number	Medicare Beneficiary Identifier	Gender	Relationship	Birth Date (mm/dd/yy)
			<input type="checkbox"/> M <input type="checkbox"/> F	SELF	
			<input type="checkbox"/> M <input type="checkbox"/> F		
Primary Care Physician Anthem Blue Cross HMO, SCAN Health Plan, UnitedHealthcare Medicare Advantage HMO subscribers					

OVER – See Page 2 for Member signature

FOR OFFICE USE ONLY			
INITIALS	YEARS OF SERVICE	MEDICAL SUB/PART	EFFECTIVE DATE

3. LIST ANY ADDITIONAL ELIGIBLE DEPENDENT(S) TO BE ENROLLED IN THE MEDICAL PLAN (continued)

Last Name, First Name, Middle Initial	Social Security Number	Medicare Beneficiary Identifier	Gender	Relationship	Birth Date (mm/dd/yy)
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		

Primary Care Physician Anthem Blue Cross HMO, SCAN Health Plan, UnitedHealthcare Medicare Advantage HMO subscribers

4. MEMBER AUTHORIZATION

I understand this election will remain in effect as long as I remain eligible, or until I make another election during the Open Enrollment period. I hereby authorize: 1) LACERS to deduct from my retirement allowance my share of the monthly premiums as may be established from time to time in the service agreement; and 2) any insurance company, organization, employer, hospital, physician, surgeon, or pharmacist to release any information requested to pay claims under the plan selected. I want to enroll myself and those dependents listed above in the plan elected. I understand that it is my responsibility to report any change in the eligibility of my dependents and that the benefits or services of the elected plan are coordinated with those provided by any other group hospital or medical benefit or service plan. I also understand that I must abide by the provisions of the plan in which I enroll and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees and providers) may be subject to binding arbitration. I understand that LACERS will select the earliest coverage date possible for me unless I notify them otherwise.

I understand that certain LACERS medical plans require enrollment in Medicare Parts A & B. Should I fail to provide sufficient proof of proper Medicare enrollment, I hereby authorize LACERS to enroll me and/or any dependents I have identified in a comparable non-Medicare plan and I assume any increased premiums associated with that non-Medicare plan.

MEMBER'S SIGNATURE _____

DATE SIGNED _____

SEND TO: PREFERRED – EMAIL: lacers.health@lacers.org
MAIL: LACERS, Attn: Health Benefits Division
 PO Box 512218
 Los Angeles, CA 90051-0218
FAX: (213) 473-7284

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.

Anthem BC Health Insurance Company Group Sponsored Health Plan Enrollment Election Form

All fields on this form are required		
Group sponsor name: LACERS	Group #: CA039GRS	
Plan you will join: <input checked="" type="checkbox"/> Anthem Medicare Preferred (PPO) with Senior Rx Plus	Requested effective date of coverage: (__ __ / __ __ / __ __ __ __) (M M / D D / Y Y Y Y) <small>Generally the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed.</small>	
FIRST name:	LAST name:	Middle initial:
Birthdate: (MM/DD/YYYY) (__ / __ / __ __ __ __)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone number: () <input type="checkbox"/> Cell <input type="checkbox"/> Other
Permanent residence street address (Do not enter a P.O. Box):		
City:	State:	ZIP code:
Mailing address, if different from your permanent address (P.O. Box allowed):		
Street address:	City:	State: ZIP code:
Email address: _____ <small>Your email address will be used for communications only from Anthem BC Health Insurance Company. We will not share your email address.</small>		
Your Medicare information:		
Medicare Number: _____ <i>Note: The Medicare Number is required to complete your enrollment. If you do not provide your Medicare Beneficiary ID from your Medicare ID Card, your enrollment into the plan may be delayed.</i>		
Please read and answer these important questions		
1. Are you the retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," retirement date (month/date/year): _____ If "no," name of retiree: _____ Retiree Medicare ID #: _____		
2. Do you have other medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," what is the name of the health plan (e.g., Aetna, Humana, Cigna)? _____ What are the effective dates of coverage? _____		
3. Are you a resident in a long-term care facility, such as a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please provide the following information: Name of institution: _____ Address (number and street) and phone number of institution: _____		



4. Will you have other prescription drug coverage (like VA or TRICARE) in addition to this plan? Yes No
 Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____

This document may be available in an alternate format, such as large print. Please call the First Impressions Welcome Team at **1-833-848-8729**, TTY: **711**, Monday through Friday, 5 a.m. to 6 p.m. PT, except holidays, for additional information or questions you may have.

IMPORTANT: Read and sign below:


- I must keep Medicare Part A and Part B to stay in the plan I have selected.
- **Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Anthem BC Health Insurance Company will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations.
- The information on this enrollment election form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Anthem Medicare Preferred (PPO) with Senior Rx Plus coverage begins, I must get all of my medical and prescription drug benefits from Anthem BC Health Insurance Company. Benefits and services authorized by Anthem BC Health Insurance Company and contained in my Anthem Medicare Preferred (PPO) with Senior Rx Plus Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor Anthem BC Health Insurance Company will pay for benefits or services.**
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this enrollment election form means that I have read and understand the contents of this enrollment election form. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under state law to complete this enrollment election form, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:	Today's date:
-------------------	----------------------

If you are the authorized representative, sign above and fill out these fields:

Name:	Address:
-------	----------

Phone number:	Relationship to enrollee:
---------------	---------------------------

A small icon of a pair of scissors is located in the top left corner of the page.

Please return this enrollment election form to:
Los Angeles City Employees' Retirement System (LACERS)
Attn: Health Benefits Administration Division
P.O. Box 512218
Los Angeles, CA 90051-0218

Please refer to the Anthem BC Health Insurance Company *Evidence of Coverage* for a complete listing of all plan benefits, conditions, limitations, and exclusions of coverage.

Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call the First Impressions Welcome Team number listed in this document to request interpreter services.

Anthem BC Health Insurance Company is an LPPO plan with a Medicare contract. Enrollment in Anthem BC Health Insurance Company depends on contract renewal. Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.

517710MUSENMUB_002_LACERS



Mailing Address: PO Box 512218, Los Angeles, CA 90051-0218
Visit LACERS at 202 W. First Street, Suite 500, Los Angeles, CA 90012
www.lacers.org | lacers.services@lacers.org | Mail Stop 175
(800) 779-8328 | Fax (213) 473-7297 | RTT (888) 349-3996

MEDICARE INFORMATION ACKNOWLEDGEMENT
For Retired LACERS Members and Dependents Over Age 64
(Only this page to be returned to LACERS)

Member: _____ SSN (Last 4 digits): _____

I have received the literature listed below that outlines the procedures for obtaining Medicare. I understand I must read it carefully. If I have questions, I may contact LACERS Health Staff at (800) 779-8328 or LACERS.health@lacers.org.

- Medicare Information Sheet (Parts A and B)
• Medicare Part D Information Sheet

Initial

I understand that to continue participating in a LACERS medical plan, I, and/or my dependents, must submit proof of Medicare to LACERS by age 65. I also understand that it is my responsibility to:

- Telephone Social Security at (800) 772-1213 to make an appointment at a local office to apply for Medicare insurance coverage
• Submit proof of Medicare coverage to LACERS before my and/or my dependent's 65th birthday
• Review LACERS Health Benefits Guide and change medical plans as necessary upon turning age 65
• Complete a senior plan enrollment or election form for my selected medical plan upon turning age 65
• Submit proof of Medicare Part A, only if I qualify to receive it premium-free
• Maintain Medicare Part B by paying the premiums to Social Security every three months or by a deduction from my Social Security check
• Not enroll in Medicare Part D separately from my LACERS medical plan (if I enroll separately, my LACERS medical plan will be terminated)

Initial

I was informed that if I fail to enroll in/maintain Medicare (Parts A and B or B only) I will:

- Lose my LACERS medical plan coverage for myself and any dependent(s)
• Lose my LACERS medical subsidy
• Lose my Part B Reimbursement (if I have both Medicare Parts A and B)

Los Angeles Administrative Code §4.1111(f)

Initial

I was informed that if my dependent(s) fail to enroll in/maintain Medicare (Parts A and B or B only) they will lose their LACERS medical plan coverage.

Initial

Signature: _____ Date: _____

MEDICARE PARTS A & B INFORMATION SHEET

LACERS Medicare Enrollment Requirement for Retirees & Dependents Turning Age 65

In order to qualify for a LACERS medical subsidy and be eligible for coverage in a LACERS-sponsored medical plan at age 65 or older, the Los Angeles Administrative Code Sections 4.1111(f), 4.1112(h) and/or 4.1115(d) and the LACERS Board of Administration Rules (HBA 10.0) require you (the Retired Member), your Eligible Surviving Spouse/Domestic Partner (Survivor), and your dependents to:

- Enroll in Medicare Part B and provide LACERS with proof of your Medicare Part B enrollment (e.g., a copy of your Medicare card or an eligibility letter from Social Security);
- Enroll in Medicare Part A if you are eligible for it premium-free (i.e., at no cost to you);
- Complete a Senior Enrollment Form (Contact LACERS for the forms); and,
- Pay your Medicare Part B premiums on time (Medicare will charge you and/or your dependent(s) directly for your Medicare Part B premiums).

LACERS recommends that you enroll in Medicare Part B three months prior to turning age 65 in order to avoid a lapse of your LACERS medical coverage.

You are not required to purchase Medicare Part A if you are not eligible for it premium free. However, you may be eligible for premium-free Medicare Part A through your spouse's eligibility for Medicare Part A or your earnings history with Social Security. Contact Social Security at (800) 772-1213 or TTY (800) 325-0778 to make an appointment to apply for Medicare. They will assist you in determining your eligibility and accrued credits for Medicare Part A.

Failure to enroll in Medicare Part B or to pay your Medicare Part B premiums on time will result in the termination of your LACERS medical subsidy and medical coverage.

Retiring after Age 65

If you are retiring from City service after age 65, and/or your dependent(s) are over age 65, Medicare allows you and/or your dependents to defer enrollment in Medicare Part B until you retire. This is known as the Special Enrollment Period. You must complete additional forms (available at LACERS) when you retire and apply for Medicare.

Medicare & Living Outside the United States

You may not need to enroll in Medicare if you reside permanently outside the U.S. and its territories. However, if you later decide to reside in the U.S., Social Security may penalize you if you did not enroll in Medicare by age 65 or allowed your Medicare premiums to lapse. Contact Social Security regarding Medicare rules, regulations or penalties that may affect your medical plan coverage.

Medicare Part B Reimbursement for Retired Members with Medicare Parts A & B

The Los Angeles Administrative Code (Sections 4.1105, 4.1113 and 4.1123) states that qualified Retired Members enrolled in Medicare Parts A and B who are participating in a LACERS Senior medical plan or the Medical Plan Premium Reimbursement Program (MPRP) may be entitled to reimbursement of their **basic** Medicare Part B premiums by LACERS. The Medicare Part B basic premium does not include any IRMAA portion of your premium.

LACERS beneficiaries, such as a spouse, domestic partner, or Eligible Survivor, are not eligible for reimbursement of their Medicare Part B premiums.

LACERS does not reimburse the basic Medicare Part B premiums for Members who are enrolled in the Anthem Blue Cross PPO Out-of-Country plan.

Also, Members will not be eligible to receive reimbursement of their Medicare Part B premiums from LACERS if their LACERS medical coverage is terminated due to a lapse in payment of their Medicare Part B premiums.

Medicare Part B Reimbursement & IRMAAs

Because of federal legislation that became effective in 2007, higher-income earning Medicare enrollees are now required to pay higher Medicare Part B premiums that consist of the Part B basic premium rate and an Income-Related Monthly Adjustment Amount (IRMAA).

LACERS does not apply your medical subsidy toward or reimburse to you any Medicare-related IRMAA costs.

Failure to pay your IRMAAs will result in the termination of your LACERS medical subsidy and medical coverage.

Termination of your LACERS Plan

If you default on your Medicare Part B premiums and are terminated from your LACERS health plan, your (and your dependents') Medicare Part D will also be cancelled. Social Security may assess lifetime penalties when you re-enroll in Medicare Part D.

CMS Medicare Plan Requirement

The Centers for Medicare & Medicaid Services (CMS) allows you to have only one Medicare Advantage plan. If you enroll in a Medicare Advantage plan outside of your LACERS medical plan, you may lose your LACERS medical coverage, even if you enroll in a plan from the same insurance company but sponsored by a different organization (e.g., the Los Angeles County Employees' Retirement Association Kaiser Permanente Senior Advantage plan).

Consider the Medicare Easy Pay Program to avoid a lapse in coverage.
Call 1-800-MEDICARE or 1-800-633-4227 for more information.

MEDICARE PART D INFORMATION SHEET

Medicare Part D is a federal program that subsidizes the prescription drugs costs of Medicare enrollees in the United States. It became effective January 1, 2006 as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA).

Medicare Part D and Your LACERS Medical Plan

Medicare Part D has been included as part of your LACERS medical plan and equals or exceeds the Standard Benefit under Medicare Part D and satisfies the Medicare creditable coverage requirement.

Medicare Part D Enrollment Requirements

For Medicare-eligible subscribers in Kaiser Permanente Senior Advantage, SCAN, or UnitedHealthcare Medicare Advantage HMO: You are enrolled automatically in Medicare Part D when you enroll in your LACERS medical plan.

For Medicare-eligible subscribers in Anthem Blue Cross HMO, PPO, or Anthem Medicare Advantage LPPO: You must assign your Medicare Part D to your LACERS medical plan. Contact LACERS for the appropriate form to complete.

Termination of Your LACERS Plan

Do not enroll in Medicare Part D separately from your LACERS medical plan. Enrolling or disenrolling in Medicare Part D on your own or through another group plan may cause your LACERS medical coverage to be terminated.

Exception: If you are enrolled in LACERS' Medical Premium Reimbursement Program (MPRP) and your non-LACERS plan does not include Medicare Part D, you may enroll in supplemental Medicare Part D insurance in order to maintain creditable coverage (i.e., the Standard Benefit under Medicare Part D).

In addition, if you default on paying your Medicare Part B premiums and are terminated from your LACERS health plan, your and your dependents' Medicare Part D will also be cancelled. The Social Security Administration may assess lifetime penalties when you re-enroll in Medicare Part D.

Medicare & Living Outside the United States

You may not need to enroll in Medicare if you reside permanently outside the U.S. and its territories. However, if you later decide to reside in the U.S., Social Security may penalize you if you did not enroll in Medicare by age 65 or allowed your Medicare premiums to lapse. Contact Social Security regarding Medicare rules, regulations or penalties that may affect your medical plan coverage.

Medicare Part D Income-Related Monthly Adjustment Amounts (IRMAAs)

On January 1, 2011, as part of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, higher income-earning Medicare enrollees must now pay an Income-Related Monthly Adjustment Amount (IRMAA) for their Medicare Part D prescription drug coverage. Social Security will notify you about your Medicare premiums and if you are required to pay Medicare Part D IRMAAs.

If you receive Social Security benefits, Social Security will deduct your IRMAA from your Social Security check. If you do not receive a Social Security check, the Centers for Medicare and Medicaid Services will bill you directly for your IRMAAs.

In addition, if you are enrolled in LACERS' Medical Premium Reimbursement Program, LACERS may reimburse you for the supplemental Medicare Part D basic premiums you pay in order to maintain creditable Medicare Part D coverage. However, your LACERS reimbursement will not include any IRMAAs.

Reminder

Although the Medicare Part D *basic* premium is already included in the senior plan premiums of LACERS' medical plans, the IRMAA portion of Medicare Part D is not. You must pay any Medicare Part B and Part D IRMAAs assessed by Social Security. Because LACERS requires you to maintain your Medicare enrollment in order to continue receiving your medical plan premium subsidy, failure to pay your IRMAAs will result in the termination of your LACERS medical benefits.

Medicare Part D Low Income Subsidy

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call CMS (the Centers for Medicare & Medicaid Services) at 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; or the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday, TTY users should call 1-800-325-0778; or your state Medicaid office.

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.