



Insurance and Benefits Trust/Committee Peace Officers Research Association *of California*

Insurance and Benefits Trust of the Peace Officers Research Association of California Health Plan

Eligibility Policy for Health Plan – CalPERS Anthem Blue Cross

The Insurance and Benefits Trust (IBT) of the Peace Officers Research Association of California (PORAC) (hereafter “Trust”) sponsors your health plan (Health Plan), which is a governmental plan, as it is funded primarily by counties, cities, and public agencies. The Health Plan contracts with Anthem Blue Cross (Anthem). The Board of Administration of the California Public Employees’ Retirement System (CalPERS) provides oversight to the Health Plan as required by the Public Employees’ Medical and Hospital Care Act (PEMHCA) and its attendant regulations.

If you believe you are eligible for benefits under the Health Plan, you may write to the Health Plan at its address below or email it at the email address below. If your eligibility claim is denied, you will be notified in writing.

If you wish to appeal the denial of your eligibility or any other action for any reason, you may write or email the Health Plan at the addresses below. Your appeal will be reviewed by the Board of Trustees.

The Trustees will review your appeal. The Trustees may request additional information and additional time to consider your appeal or approve or deny your appeal.

Remember Anthem Blue Cross will hear your claims and appeals on matters other than eligibility.

Know that the Health Plan is available to assist you at your request in working with Anthem Blue Cross, but you must pursue the claims and appeals procedures as set out in the Evidence of Coverage provided by Anthem Blue Cross.

The Trustees shall have sole and exclusive discretion and authority to administer, apply, and interpret the Health Plan and all other documents that describe its Health Plan and Trust. Trustees have discretionary authority and power to decide all matters arising in connection with eligibility, including but not limited to: making factual findings, fixing omissions, resolving ambiguities, construing the terms of the Health Plan, making eligibility determinations, and resolving eligibility disputes under the Health Plan. All determinations made by the Trustees with respect to any matter arising with regard to eligibility will be final and binding on all concerned. Any judicial review of any Trustee decision concerning eligibility shall be done in deference to the Trustees’ decision.