Open Enrollment

FOR RETIREES
October 27 – November 22, 2016
YOUR OPEN ENROLLMENT “TO DO” LIST

FOR RETIREES, SURVIVORS AND DISABLED MEMBERS WHO ARE CURRENTLY COVERED BY A UC-SPONSORED PLAN

☐ View the library of short videos on the Open Enrollment website to learn more about your plans and how they work.

☐ See your 2017 premiums on pages 8-9. If you are subject to graduated eligibility, learn how to find your premiums on page 7.

☐ Go online beginning at 8 a.m. on Thursday, Oct. 27 to ucnet.universityofcalifornia.edu/oe and sign in to your At Your Service (AYS) Online account to make your elections by 5 p.m. on Tuesday, Nov. 22.

☐ To suspend or unsuspend your UC medical and/or dental plans, submit Form UBEN 100 (available on UCnet); see form for instructions.

☐ If you have changes to your address, phone number and/or email address, remember to update your information on AYS Online.

☐ If you have no changes for 2017, you don’t need to do anything. You will remain in your current UC-sponsored plans.

☐ If you want to change your primary care physician and you are not changing your medical plan, call your plan to request the change. See page 4 for contact information.

☐ Medicare members who change medical plans must complete additional paperwork and submit it by Wednesday, Dec. 7, 2016. Required forms will be sent with your Open Enrollment confirmation statement. Each person covered on your insurance needs to submit his or her own form before enrollment can be completed.

Any changes you make during Open Enrollment will be effective Jan. 1, 2017.

OPEN ENROLLMENT IS ONLINE

Go to the Open Enrollment website: ucnet.universityofcalifornia.edu/oe.

IF YOU DON’T HAVE ACCESS TO THE INTERNET

Call the UC Retirement Administration Service Center at 800-888-8267 and select option 2 to speak with an Open Enrollment customer service representative. The representative can help you make plan changes, send you a form or tell you the 2017 premium for your current plan. You also may request that a printed copy of premiums for plans for which you are eligible be mailed or faxed to you. If you want the printed version mailed to you, you must call by Nov. 16, 2016 to be sure it arrives before Open Enrollment ends.

If you have complex medical plan questions, contact the Health Care Facilitator Program at the nearest location. See page 4 for phone numbers.

UC RETIREMENT ADMINISTRATION SERVICE CENTER FOR HEARING IMPAIRED

If you are hearing or speech impaired, call 711 and provide the UC Retirement Administration Service Center telephone number (800-888-8267) to receive assistance.
OPEN ENROLLMENT

There are a few changes to your benefits this year, so be sure to review this booklet carefully. Consider all of your options to choose the best possible benefits for you and your family next year.

SOME HIGHLIGHTS:

• All existing UC medical plans will be available in 2017. UC’s preferred provider organization (PPO) medical plans will have new administrators next year for medical, behavioral health and prescription drug benefits. This change affects Core, UC Care and UC Health Savings Plan, as well as UC High Option Supplement to Medicare, UC Medicare PPO and UC Medicare PPO without Prescription Drugs.

• Kaiser Permanente and Health Net Blue & Gold have expanded networks for increased options for HMO members.

• ARAG Legal Plan is open for enrollment this year, with plan enhancements that include assistance with tax issues.

• The Vision Plan is open for enrollment, with additional coverage and a small premium increase.

• The Accidental Death & Dismemberment (AD&D) plan will be administered by Prudential in 2017. There are some minor benefit changes and a significant reduction in premiums for retirees. You can enroll at any time throughout the year.

Visit the Open Enrollment website: ucnet.universityofcalifornia.edu/oe to get all the details. Then, beginning at 8 a.m. on Thursday, Oct. 27, sign in to At Your Service (AYS) Online and make your changes by 5 p.m. on Tuesday, Nov. 22. If you have no changes for 2017, you don’t need to take action.
We have tools to help you make the most of your benefits.

ucnet.universityofcalifornia.edu/oe

VISIT THE OPEN ENROLLMENT WEBSITE FOR:

Videos to help you understand your benefits:
- Medical plan comparison in English and Spanish
- Understanding medical terms and concepts
- Shopping for the best medical plan for you

Summaries of Benefits and Coverage — Important information about each plan’s coverage in a standard format so that you can easily compare plans.

Medical Plan Chooser — An interactive tool that helps you find the best medical plan for you based on your personal profile and preferences.

Tips for choosing a medical plan that’s right for you.

Links to each medical plan’s website with information about how the plan works, available providers and much more.

IMPORTANT CONTACTS
UC’s health care facilitators are available to help you understand your benefits choices. Call your medical plan directly if you need coverage information for a specific condition, service area or plan provider.

HEALTH CARE FACILITATORS
Berkeley
510-664-9000, option 3

Lawrence Berkeley National Laboratory
510-486-6997

Davis
530-752-4264

Irvine
949-824-9065

Los Angeles
310-794-3057

Merced
209-205-0851

Office of the President
510-987-0900

Riverside
951-827-2636

San Diego
858-822-2197

San Francisco
415-514-3324

Santa Barbara
805-893-4201

Santa Cruz
831-459-3573

HMO PLAN CARRIERS
Health Net Blue & Gold/Seniority Plus
800-539-4072
healthnet.com/uc

Kaiser Permanente-California
800-464-4000
my.kp.org/universityofcalifornia

Kaiser Permanente-Senior Advantage
800-443-0815
my.kp.org/universityofcalifornia

Western Health Advantage
888-563-2252
westernhealth.com/members/ucd_active.cfm

PPO PLAN CARRIER
Core
UC Care

UC Health Savings Plan
UC High Option
Supplement to Medicare
UC Medicare PPO

UC Medicare PPO Without Prescription Drugs
844-437-0486
anthem.com/ca/uc
PLAN CHANGES FOR 2017

PPO MEDICAL PLANS
Beginning Jan. 1, 2017, UC’s PPO (preferred provider organization) medical plans will have new administrators for medical, behavioral health and prescription drug benefits. Also, UC Care will have a different structure for maximum out-of-pocket costs.

PPO ADMINISTRATOR CHANGES
The administrator of your plan processes claims, creates a network of health care providers or pharmacies and sets clinical policies and guidelines.

For 2017, a number of administrators will be changing for UC’s PPO plans (Core, UC Care, UC Health Savings Plan, UC High Option Supplement to Medicare, UC Medicare PPO and UC Medicare PPO without Prescription Drugs):

• Medical – Anthem Blue Cross replaces Blue Shield as the administrator of medical benefits for UC’s PPO plans. HealthEquity will continue as the health savings account custodian for UC Health Savings Plan.

• Behavioral health – Anthem Blue Cross replaces Optum as the administrator of behavioral health benefits for UC Care and UC Health Savings Plan. Anthem replaces Blue Shield as the administrator of behavioral health benefits for Core, UC High Option Supplement to Medicare and UC Medicare PPO.

• Prescription drugs – OptumRx replaces Blue Shield as the administrator of prescription drug benefits for UC’s PPO plans.

If you are continuing your enrollment in any of the non-Medicare plans, you and each of your family members will get a new ID card from Anthem Blue Cross that you can use to access medical care, behavioral health services and prescription medications. Members of UC High Option Supplement to Medicare and UC Medicare PPO will receive ID cards from Anthem Blue Cross and from OptumRx.

CONTACT INFORMATION FOR 2017
You’ll have new toll-free phone numbers and member websites to view your explanation of benefits and get information about coverage and claims:

Anthem Health Guide 844-437-0486  anthem.com/ca/uc
OptumRx 855-489-0651 optumrx.com/UOCALIF

TRANSITION CHECKLIST FOR CONTINUING PPO MEMBERS
UC has worked to minimize disruptions for members, but there will be some changes to medical and behavioral health provider networks and to pharmacy costs. To prepare for the change, be sure to:

• Confirm your current doctors and other providers (including behavioral health) are in-network. Go to anthem.com/ca/uc to search for your provider, or call Anthem Health Guide.

• Check OptumRx formulary and prescription drug costs. OptumRx uses a different formulary than Blue Shield. Your current covered medications will continue to be covered, but the cost of the medications may change. View the OptumRx formulary on optumrx.com/UOCALIF and use the Optum Price and Save tool to help you identify cost options for your medications. You may want to talk to your doctor about an alternative formulary drug to help you manage your costs. For questions, call OptumRx.

• Request transition assistance. If you are currently receiving medical or behavioral health care from a provider that will not be in-network in 2017, transition assistance may be available for some situations. See “Transition of Care” on page 11 for more information.

• Request prior authorization. If you received a prior authorization for a medical or behavioral health service from Blue Shield or Optum, but the procedure or treatment is scheduled on or after Jan. 1, 2017, you will need to get another prior authorization from Anthem Blue Cross. Call Anthem Health Guide for assistance.

• Medicare members: You will receive a notice that Blue Shield will no longer be your Medicare plan carrier and, if you are enrolled in UC Medicare PPO or UC High Option Supplement to Medicare, a notice that your Part D coverage has been assigned to OptumRx. These are legally required notices that do not require any action on your part.

UC CARE OUT-OF-POCKET MAXIMUMS
Beginning Jan. 1, 2017, what you pay (your copayments and coinsurance) for medical and behavioral health services and for prescription drugs will all count toward one combined out-of-pocket maximum (the most you pay in a year for covered services). This may affect your annual costs, depending on how you use services. Learn more at uc-care.org.
PLAN CHANGES FOR 2017

UC HEALTH SAVINGS PLAN
The individual Health Savings Account contribution maximum will increase from $3,350 to $3,400. The family maximum of $6,750 remains unchanged. You earn interest on your HSA, and can invest any funds over a minimum threshold balance. To make it easier for you to invest your HSA funds, UC has lowered the 2017 minimum threshold balance from $2,000 to $1,000.

Beginning Jan. 1, 2017, claims information from Delta Dental and Vision Service Plan (VSP) will be sent to HealthEquity, so you can pay your claims directly from the HealthEquity Member Portal.

HMO MEDICAL PLANS

KAISER PERMANENTE EXPANSION INTO SANTA CRUZ COUNTY
By Jan. 1, 2017, Kaiser Permanente will open medical offices in Watsonville, downtown Santa Cruz and Scotts Valley, providing services to non-Medicare members only. Local hospital services and inpatient care will be provided by Watsonville Community Hospital as well as at nearby Kaiser Permanente medical centers in Santa Clara and San Jose. This option is not available if you or any of your family members is enrolled in Medicare.

NEW OPTIONS FOR HEALTH NET BLUE & GOLD MEMBERS
New Blue & Gold medical group choices in 2017 include Facey Medical Group in Los Angeles and Ventura counties, Monarch HealthCare Medical Group in Orange County, and Primary Care Associates Medical Group in San Diego County. Members of Direct Network-Merced will now have access to physicians located at Dignity Health Medical Group-Merced.

Health Net Blue & Gold members in the San Francisco Bay Area will benefit from the Canopy Health alliance formed between Hill Physicians-SF (UCSF), John Muir Health, Meritage Medical Network and the affiliated hospitals. If you choose a PCP within one of these medical groups, you will have access to the entire Canopy Health alliance and your PCP can offer referrals to any clinically appropriate specialist within Canopy Health.

MEDICARE PLANS

UC MEDICARE PPO, UC MEDICARE PPO WITHOUT PRESCRIPTION DRUGS, AND UC HIGH OPTION SUPPLEMENT TO MEDICARE
Access to behavioral health services not covered by Medicare will be expanded in 2017. Currently, outpatient mental health and substance abuse services not covered by Medicare are only covered when offered by MFT- or MFCC-licensed providers. Beginning in 2017, members will be covered for outpatient services not covered by Medicare from all in- and out-of-network licensed behavioral health providers, including psychiatrists, psychologists, MFTs and MFCCs.

MEDICARE COSTS
Prescription Drug Part D TrOOP (true out-of-pocket) maximums will increase from $4,850 to $4,950. Copayments for certain services will change for low income subsidy-eligible Medicare enrollees.

HEALTH NET SENIORITY PLUS (MEDICARE)
The SilverSneakers program will change to Silver&Fit, offering the same level of service and extra features.

OTHER BENEFITS CHANGES

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)
The vendor for AD&D is changing from AIG to Prudential as of Jan. 1, 2017. If you’re currently enrolled with AIG, your enrollment will transfer automatically to Prudential, but you’ll need to make new payment arrangements. UC will provide details later in the year.

LEGAL INSURANCE
Legal insurance, offered by ARAG, is open for enrollment this year, with the addition of several new benefits, including help with tax planning. Legal premiums will increase slightly.

VISION PLAN
In 2017, VSP will cover progressive lenses with a $55 copay. There will be a small premium increase (about 60 cents per month).
HOW TO FIND YOUR 2017 MEDICAL PLAN PREMIUMS

If you receive the full UC contribution to medical plan premiums, you can find the 2017 rates on pages 8 and 9. You are eligible for the full 100% contribution if you retired with 20 or more years of service or became a UCRP member before 1990 and did not have a break in service before retiring.

If you are subject to graduated eligibility for retiree medical insurance and receive less than 100 percent of the UC contribution, you can find your 2017 premium online, beginning Oct. 27.

Open Enrollment website
ucnet.universityofcalifornia.edu/oe:
• Sign in to your At Your Service (AYS) Online account. (See “How to retrieve your password” if you need help.)
• Choose “Open Enrollment” on the main menu under “Health & Welfare.” Your current medical plan and 2016 premium will be displayed.
• To see your 2017 options, and their premiums, select “Medical Plans” in the left-hand column.

Medical Plan Chooser (uc.chooser.pbgh.org):
• Review and accept the terms and conditions and select “Begin Now.”
• Complete section 1, “Medical Plan Coverage.” You will need to enter your years of service/graduated eligibility percentage — this percentage is printed above your name on the address label on this booklet.
• Scroll to the bottom of the page and select “Start Comparing Plans.” The premiums for the plans for which you are eligible will be displayed.

Health care facilitators also will lead Open Enrollment information sessions for retirees and emeriti at most UC locations. Visit the Open Enrollment website for dates and details.

HOW TO RETRIEVE YOUR PASSWORD

If you have forgotten your AYS Online password, select “Forgot your Password?” and enter your username or Social Security number. You can have a temporary password sent to your email address on file, or gain access by answering the AYS Online Challenge Questions.

If you do not have a current email on file with UC or if you have never set up a personal account, call the UC Retirement Administration Service Center (800-888-8267) and they will help you set up an account or reset your password.

You may want to bookmark the UCnet website so you can reach it easily to check your benefits in the future.

HOW TO MAKE YOUR OPEN ENROLLMENT CHANGES ONLINE

When you are ready to make any changes, go to ucnet.universityofcalifornia.edu/oe and follow these steps:
• Sign in to your personal account and choose the “Open Enrollment” link. Use the option in the left column to navigate through your Open Enrollment choices. To enroll in or make changes to retiree vision (VSP) or AD&D (Prudential) coverage, please contact the carrier directly.
• Select “Review & Confirm” to see all of your changes. Use the links in the left column to make additional changes. If you don’t want to make the changes shown, simply sign off or return to the main menu.
• When you are satisfied with your changes, select “Confirm.” You must confirm your changes — and get a confirmation number — in order to process your transactions.
• Print a copy of your elections for your records by selecting the print-friendly option on the confirmation page.
• Review your confirmation statement carefully to ensure that your benefit elections were recorded correctly. You can sign in again, make corrections, then review and confirm again until 5 p.m. on Tuesday, Nov. 22.
YOUR MEDICAL PLAN COSTS

The monthly costs for medical coverage below apply to retirees eligible for 100 percent of the UC/employer contribution toward the premium for each plan. If you are subject to graduated eligibility and, therefore, not eligible for the maximum UC/employer contribution, your costs may be higher than those listed below. For more information about how to find your 2017 premiums, see page 7. Your plan cost appears as a deduction on your UCRP benefit direct deposit statement or check.

### WHEN ALL FAMILY MEMBERS ARE IN MEDICARE

<table>
<thead>
<tr>
<th>MEDICARE PLANS</th>
<th>Self in Medicare</th>
<th>+A or +C Both in Medicare</th>
<th>+F All in Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Net Seniority Plus</td>
<td>$64.06 $0.00</td>
<td>$128.11 $0.00</td>
<td>$192.17 $0.00</td>
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<tr>
<td>Kaiser Permanente/Senior Advantage</td>
<td>$0.00 $75.60</td>
<td>$0.00 $151.21</td>
<td>$0.00 $226.81</td>
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<tr>
<td>UC High Option Supplement to Medicare</td>
<td>$89.04 $0.00</td>
<td>$178.07 $0.00</td>
<td>$267.11 $0.00</td>
</tr>
<tr>
<td>UC Medicare PPO</td>
<td>$14.87 $0.00</td>
<td>$29.73 $0.00</td>
<td>$44.60 $0.00</td>
</tr>
<tr>
<td>UC Medicare PPO without Prescription Drugs</td>
<td>$0.00 $121.80</td>
<td>$0.00 $243.60</td>
<td>$0.00 $365.40</td>
</tr>
</tbody>
</table>

### WHEN ONE OR MORE FAMILY MEMBERS ARE NOT MEDICARE ELIGIBLE

<table>
<thead>
<tr>
<th>NON-MEDICARE/MEDICARE PLANS</th>
<th>+A 1 Adult in Medicare</th>
<th>+C Adult in Medicare</th>
<th>+F 1 Adult in Medicare</th>
<th>+F 2 Adults in Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE/UC Medicare PPO</td>
<td>$0.00 $121.80</td>
<td>$0.00 $121.80</td>
<td>$0.00 $121.80</td>
<td>$0.00 $203.45</td>
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<tr>
<td>Health Net Blue &amp; Gold/Seniority Plus</td>
<td>$353.67 $0.00</td>
<td>$244.75 $0.00</td>
<td>$534.35 $0.00</td>
<td>$308.79 $0.00</td>
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<tr>
<td>Kaiser Permanente/Senior Advantage</td>
<td>$105.31 $0.00</td>
<td>$26.04 $0.00</td>
<td>$206.96 $0.00</td>
<td>$0.00 $49.56</td>
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<tr>
<td>UC Care/UC Medicare PPO</td>
<td>$361.22 $0.00</td>
<td>$236.83 $0.00</td>
<td>$583.19 $0.00</td>
<td>$251.70 $0.00</td>
</tr>
</tbody>
</table>

**Plan Cost Key**

| $0.00 | Medicare Part B Reimbursement
| $121.80 |

Medicare Part B reimbursement may apply if your premium cost is $0.00. If applicable, UC will reimburse you based on a Medicare Part B premium of up to $121.80 per person. Reimbursements vary and are added automatically to your monthly retirement payment.

### NON-MEDICARE PLANS

<table>
<thead>
<tr>
<th>Core</th>
<th>S</th>
<th>+C</th>
<th>+A</th>
<th>+F</th>
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</thead>
<tbody>
<tr>
<td>Health Net Blue &amp; Gold</td>
<td>$225.86</td>
<td>$406.55</td>
<td>$515.47</td>
<td>$696.15</td>
</tr>
<tr>
<td>Kaiser Permanente—California</td>
<td>$127.06</td>
<td>$228.70</td>
<td>$307.97</td>
<td>$409.62</td>
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<tr>
<td>UC Care</td>
<td>$277.46</td>
<td>$499.42</td>
<td>$623.81</td>
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<tr>
<td>UC Health Savings Plan</td>
<td>$98.06</td>
<td>$176.51</td>
<td>$247.07</td>
<td>$325.50</td>
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<tr>
<td>Western Health Advantage</td>
<td>$112.38</td>
<td>$202.28</td>
<td>$277.15</td>
<td>$367.05</td>
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</table>

### NON-MEDICARE PLANS

<table>
<thead>
<tr>
<th>Age 65 and over, not Medicare eligible</th>
<th>S</th>
<th>+C</th>
<th>+A</th>
<th>+F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Health Net Blue &amp; Gold</td>
<td>$73.13</td>
<td>$131.63</td>
<td>$217.59</td>
<td>$276.09</td>
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<tr>
<td>Kaiser Permanente—California</td>
<td>$53.83</td>
<td>$96.89</td>
<td>$121.24</td>
<td>$164.28</td>
</tr>
<tr>
<td>UC Care</td>
<td>$124.80</td>
<td>$224.64</td>
<td>$326.11</td>
<td>$425.96</td>
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<tr>
<td>UC Health Savings Plan</td>
<td>$52.98</td>
<td>$95.36</td>
<td>$119.38</td>
<td>$161.74</td>
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<tr>
<td>Western Health Advantage</td>
<td>$53.83</td>
<td>$96.89</td>
<td>$121.24</td>
<td>$164.28</td>
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### ARAG LEGAL PLAN MONTHLY COSTS

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>$10.41</td>
</tr>
<tr>
<td>Retiree+Children</td>
<td>$14.32</td>
</tr>
<tr>
<td>Retiree+Adult</td>
<td>$14.32</td>
</tr>
<tr>
<td>Retiree+Family</td>
<td>$15.62</td>
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</tbody>
</table>

### VISION PLAN MONTHLY COSTS

<table>
<thead>
<tr>
<th>Plan</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td>$12.59</td>
</tr>
<tr>
<td>Retiree+Child(ren)</td>
<td>$24.01</td>
</tr>
<tr>
<td>Retiree+One Adult</td>
<td>$23.79</td>
</tr>
<tr>
<td>Retiree+Family</td>
<td>$29.40</td>
</tr>
</tbody>
</table>

### DENTAL PLAN COSTS

UC continues to pay the full cost of dental coverage provided you are eligible for 100 percent of the UC/employer contribution.

### ACCIDENTAL DEATH (AD&D) PLAN ANNUAL COSTS

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Self</th>
<th>Self+Spouse/Domestic Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$11.80</td>
<td>$17.40</td>
</tr>
<tr>
<td>$25,000</td>
<td>$29.50</td>
<td>$43.50</td>
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<tr>
<td>$50,000</td>
<td>$59.00</td>
<td>$87.00</td>
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<tr>
<td>$100,000</td>
<td>$118.00</td>
<td>$174.00</td>
</tr>
<tr>
<td>$250,000*</td>
<td>$295.00</td>
<td>$435.00</td>
</tr>
</tbody>
</table>

* Available only if coverage as employee exceeded $250,000

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Your medical plan costs
THINGS TO CONSIDER

IF YOU OR A FAMILY MEMBER BECOME ELIGIBLE FOR MEDICARE IN 2017

If you are eligible to enroll in Medicare in 2017 with Part A premium-free and are eligible for retiree health insurance, consider whether the Medicare version of your current medical plan offers the benefits you want. If not, Open Enrollment is the time to change plans. Most plans do not allow you to change plans mid-year simply because you have become eligible for Medicare or have elected to retire.

The Medicare version of your medical plan may have different benefits, medical groups, specialists and behavioral health providers. Medicare plan service areas may differ from non-Medicare plan service areas. To learn more, call the plan directly or visit its website. For Medicare information, read the UC Medicare Fact Sheet or “Enrolling in Medicare” on UCnet (ucal.us/medicare). The fact sheet and other Medicare assignment forms needed to continue your UC insurance can be obtained online or by calling the Retirement Administration Service Center at 800-888-8267, Monday-Friday, 8:30 a.m. to 4:30 p.m.

Some of UC’s retiree medical plans have Medicare versions (Kaiser Permanente CA, Health Net Blue & Gold) and some have corresponding partner plans (UC Care, Core). If your existing retiree plan has a Medicare version or partner plan, you’ll be transferred into that when you turn 65, once Medicare has approved your enrollment form.

<table>
<thead>
<tr>
<th>NON-MEDICARE PLANS</th>
<th>CORRESPONDING MEDICARE PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Care</td>
<td>UC Medicare PPO</td>
</tr>
<tr>
<td>Core</td>
<td>UC Medicare PPO</td>
</tr>
<tr>
<td>Health Net Blue &amp; Gold</td>
<td>Health Net Seniority Plus</td>
</tr>
<tr>
<td>HMO</td>
<td>UC Medicare PPO</td>
</tr>
<tr>
<td>Kaiser Permanente CA</td>
<td>Kaiser Permanente Senior Advantage</td>
</tr>
</tbody>
</table>

If you’re a current retiree (or will retire before the next Open Enrollment) and are enrolled in UC Health Savings Plan or Western Health Advantage, which don’t have a corresponding Medicare plan, you have a 31-day Period of Initial Eligibility (PIE) when you turn 65 to enroll in any of the UC-sponsored Medicare plans in your service area:

- Kaiser Permanente Senior Advantage
- Health Net Seniority Plus
- UC Medicare PPO
- UC Medicare PPO without Prescription Drugs*
- UC High Option Supplement to Medicare**

If you did not pay into Social Security or paid less than 40 quarters (10 years of full-time employment), you may not be eligible for Medicare and will remain in your non-Medicare plan as a retiree. You must send UC a Medicare denial letter before you turn 65 to continue your UC coverage and to avoid any penalties (currently $419.60/month). Contact Social Security to request this letter and to see if you may be eligible for Medicare under a spouse, former spouse or deceased spouse.

ONEEXCHANGE PROGRAM FOR MEDICARE RETIREES AND SURVIVORS OUTSIDE CALIFORNIA

If you live outside California and all covered members of your family are eligible for Medicare, UC has a special program for providing your medical benefits. In the OneExchange program, UC provides you with a Health Reimbursement Arrangement, which you use to buy your own individual Medicare plan, including Kaiser. Depending on when all family members become eligible for Medicare, this program may apply to you on the next Jan. 1. If you become eligible for this program, OneExchange will notify you and explain the actions you will need to take. Read more about the OneExchange Medicare Coordinator Plan on the Open Enrollment website (ucnet.universityofcalifornia.edu/oe) or call the Retirement Administration Service Center if you have any questions.

* You are eligible to enroll in this plan if you have a creditable prescription drug plan outside of UC; you may be asked for proof of enrollment.
** You are eligible to enroll in this plan if you and all your covered family members are enrolled in Medicare.
TRANSITION-OF-CARE SUPPORT

If you are a continuing member of a PPO plan (Core, UC Care, UC Health Savings Plan, UC High Option Supplement to Medicare or UC Medicare PPO) and you are currently receiving medical or behavioral health care from a provider that will not be in-network in 2017, you may request transition-of-care support. Transition assistance may be available for:

- An acute (short-term) or serious chronic (long-term) medical or behavioral health condition
- A planned surgery or other procedure
- A terminal illness
- Pregnancy and newborn care

To request transition assistance, call Anthem Health Guide toll-free at 844-437-0486.

If you voluntarily change plans and your current plan is still being offered, your new plan is not required to provide transition of care assistance. You should verify that your providers and facilities are part of your new plan network and will be accessible to you in the new year. Your costs for continuing care with your current providers after Jan. 1 will depend on the plan you select. You should review your new plan information to understand your copays and/or coinsurance, and any prior authorization requirements.

FAMILY MEMBER ELIGIBILITY VERIFICATION

UC requires all faculty, staff and retirees who enroll new family members in their medical, dental, vision and/or legal insurance plans to provide documents to verify their family members’ eligibility for coverage.

If you add a family member to your coverage during Open Enrollment, in early 2017 you will receive a packet of materials to complete the verification process. You must respond by the deadline shown on the letter or risk de-enrollment of your newly enrolled family members from UC benefits. As part of UC’s periodic review process, you may also be contacted for information to re-verify the eligibility of your previously verified spouse or domestic partner, grandchildren and legal wards for coverage. Secova, Inc. administers the verification program for UC. More information about the verification process is available online at ucal.us/fmv.

IRS FORM 1095 REQUIRED FOR 2016 TAX RETURN

The Affordable Care Act requires most individuals and their family members to have qualified health insurance. In early 2017, you will receive Form 1095, which you’ll use to confirm your UC health coverage when you file your 2016 federal income taxes. Depending on the type of coverage you have, you may receive this form from your medical plan, from UC or from both. UC retirees in Medicare will receive the form from Medicare.

This is the first year Form 1095 will be required to file your taxes. Sign up on At Your Service Online to receive your Form 1095 electronically and avoid any delays.

In order to verify that individuals have health insurance that satisfies the requirements of the Affordable Care Act, the IRS requires UC and health plans to solicit covered members’ Social Security numbers. If Social Security numbers for your covered family members are missing, please provide the information to the Retirement Administration Service Center (800-888-8267).

ARE YOUR BENEFICIARIES UP-TO-DATE?

It is important to name beneficiaries to ensure that any benefits payable at your death are left to the survivors you intend. While you’re making Open Enrollment changes on UCnet, check to see if your beneficiaries and their contact information are up to date.

ARE YOUR BENEFICIARIES UP-TO-DATE?

The beneficiary designations you make via UCnet will not apply to your Retirement Savings Program plans (DC, 403(b) and 457(b) Plans) or to your Health Savings Account (HSA). To name beneficiaries for your Retirement Savings Program plans, log in to myUCretirement.com, select “My Account” and then “Update Beneficiaries.” To name a beneficiary for your HSA, call HealthEquity at 866-212-4729.

Keep in mind that if you are married, your spouse may have a legal interest in benefits payable at your death. A beneficiary designation may be subject to challenge if it will result in your spouse receiving less than his or her share of that portion of the benefit that is considered community property.
CONTACT INFORMATION

Call the plan directly or visit their website if you need coverage information for a specific condition, service area or plan provider.

MEDICAL PLAN CARRIERS

See page 4 for contact information.

OTHER CARRIERS

ARAG LEGAL
800-828-1395  ARAGLegalCenter.com, enter 11700UC

DELTACARE® USA
800-422-4234  deltadentalins.com/uc

DELTACARE DENTAL PPO
800-777-5854  deltadentalins.com/uc

HEALTHQUITY
866-212-4729  healthequity.com/uc

OPTUM BEHAVIORAL HEALTH
888-440-8225  liveandworkwell.com, enter 11280

OPTUM RX
855-489-0651  optumrx.com

PRUDENTIAL (AD&D)
800-524-0542  prudential.com/uc

VISION SERVICE PLAN
866-240-8344  vsp.com/go/ucretirees

IMPORTANT NOTICES

SUMMARIES OF BENEFITS AND COVERAGE ARE ONLINE

Choosing a medical plan is an important decision, and UC offers a range of plans and coverage options. To help you make an informed choice, each of the medical plans makes available a Summary of Benefits and Coverage (SBC), which provides important information about that plan’s coverage in a standard format so that you can easily compare plans.

The SBCs — including information about behavioral health services for non-Medicare plans available from Anthem Blue Cross — are available online at ucnet.universityofcalifornia.edu/oe and on each plan’s website. Paper copies are also available, free of charge, by calling the plans.

THE WOMEN’S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTIFICATION OF RIGHTS

The Women’s Health and Cancer Rights Act of 1998 (Women’s Health Act) requires group medical plans such as those offered by UC that provide coverage for mastectomies to also provide certain related benefits or services.

Under a UC-sponsored medical plan, a plan member (employee, retiree or eligible family member) who receives a mastectomy and elects breast reconstruction in connection with the mastectomy must receive coverage for the following: reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Coverage will be provided in a manner determined in consultation with the patient’s physician and is subject to the same deductibles, coinsurance and copayments that apply to other medical or surgical benefits covered under the plan.

If you have questions, please contact your medical plan carrier or refer to your carrier’s plan booklet for specific coverage.
The University of California offers various healthcare options to its employees and retirees, and their eligible family members, through the UC Healthcare Plan. Several options are self-funded group health plans for which the university acts as its own insurer and provides funding to pay the claims; these options are referred to as the “Self-Funded Plans.” UC’s self-funded plans for 2017 include: Delta Dental PPO, Core, UC Care, UC Health Savings Plan, UC High Option Supplement to Medicare, UC Medicare PPO and UC Medicare PPO without Prescription Drugs.

The Privacy Rule of the federal Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, requires the Self-Funded Plans to make a Notice of Privacy Practices available to plan members. The University of California Healthcare Plan Notice of Privacy Practice — Self-Funded Plans (Notice) describes the uses and disclosure of protected health information, members’ rights and the Self-Funded Plans, responsibilities with respect to protected health information.

A copy of the updated Notice is posted on the UCnet website at ucal.us/hipaa or you may obtain a paper copy of this Notice by calling the UC Healthcare Plan Privacy Officer at 800-888-8267, press 1. The Notice was updated effective Jan. 1, 2017 to reflect the current healthcare plan options.

If you have questions or for further information regarding this privacy Notice, contact the UC Healthcare Plan HIPAA Privacy Officer at 800-888-8267, press 1.

OTHER NOTICES ONLINE

The Creditable Coverage notice pertaining to Medicare Part D prescription drug coverage is available online at ucnet.universityofcalifornia.edu/oe.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from its Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid (Medi-Cal in California) or CHIP office or visit www.insurekidosnow.gov or dial 877-KIDS-NOW to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for a UC-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under UC’s plan, UC will permit you to enroll in UC’s plan, if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in California, you can contact the California Department of Health Care Services for further information on eligibility at: www.dhcs.ca.gov/Pages/default.aspx Email: HIPP@dhcs.ca.gov.

If you live outside of California, see www.dol.gov/ebsa/pdf/chipmodelnotice.pdf for a list of states that currently provide premium assistance. The list is effective as of July 31, 2016, and includes contact information for each state listed. To see if any more states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, you can contact:

877-267-2323, Menu Option 4, Ext. 61565
PARTICIPATION TERMS AND CONDITIONS

Your Social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity, and for legally required reporting purposes all in compliance with federal and state laws.

If you are confirmed as eligible for participation in UC-sponsored plans, you are subject to the following terms and conditions:

1. With the exception of benefits provided or administered by Optum Behavioral Health and OptumRx, UC-sponsored medical plans require resolution of disputes through arbitration. With regard to each plan IT IS UNDERSTOOD THAT ANY DISPUTE AS TO MEDICAL MALPRACTICE — THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED — WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THE CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION. For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.

2. UC and UC health and welfare plan vendors comply with federal/state regulations related to the privacy of personal/confidential information including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable. To fulfill the responsibilities and perform the service required under contracts with UC, health plans and associated service vendors may share UC member health information between and among each other within the limits established by HIPAA and federal/state regulations for purposes of health care operations, payment, and treatment. A member’s requested restriction on the sharing of specified protected health information for health care operations, payment, and treatment will be honored as required by HIPAA.

3. By making an election with your written or electronic signature you are authorizing the University to take deductions from your earnings (employees)/monthly Retirement Plan income (retirees) to cover your contributions toward the monthly costs (if any) for the plans you have chosen for yourself and your eligible family members. You are also authorizing UC to transmit your enrollment demographic data to the plans in which you are enrolled.

4. You are subject to all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and the University of California Group Insurance Regulations.

5. By enrolling individuals as your family members you are certifying that those individuals are eligible for coverage based on the definitions and rules specified in the University of California Group Insurance Regulations and described in UC health and welfare plan eligibility publications. You are also certifying under penalty of perjury that all the information you provide regarding the individuals you enroll is true to the best of your knowledge.

6. If you enroll individuals as your family members you must provide, upon request, documentation verifying that those individuals are eligible for coverage. The carrier may also require documentation verifying eligibility. Verification documentation includes, but is not limited to, marriage or birth certificates, domestic partner verification, adoption papers, tax records and the like.

7. If your enrolled family member loses eligibility for UC-sponsored coverage (for example because of divorce or loss of eligible child status) you must notify UC by de-enrolling that individual. If you wish to make a permitted change in your health or flexible spending account coverage you must notify UC within 31 days of the eligibility loss event; for purposes of COBRA, eligibility loss notice must be provided to UC within 60 days of the family member's loss of coverage or, if later, the date the member receives a COBRA notice. However, regardless of the timing of notice to UC, coverage for the ineligible family member will end on the last day of the month in which the eligibility loss event occurs (subject to any continued coverage option available and elected).

8. Making false statements about satisfying eligibility criteria, failing to timely notify the University of a family member's loss of eligibility, or failing to provide verification documentation when requested may lead to de-enrollment of the affected family members. Employees/retirees may also be subject to disciplinary action and de-enrollment from health benefits and
may be responsible for any UC-paid premiums due to misuse of plan.

9. Under current state and federal tax laws, the value of the contribution UC makes toward the cost of health coverage provided to domestic partners and certain other family members who are not your dependents under state and federal tax rules may be considered imputed income that will be subject to income taxes, FICA (Social Security and Medicare), and any other required payroll taxes. (Coverage provided to California registered domestic partners is not subject to imputed income for California state tax purposes.)

10. If you specifically ask UC representatives to intercede on your behalf with your insurance plan, University representatives will request the minimum necessary protected health information required to assist you with your problem. If more protected health information is needed to solve your problem in compliance with state laws and federal privacy laws (including HIPAA), you may be required to sign an authorization allowing UC to provide the health plan with relevant protected health information or authorizing the health plan to release such information to the University representative.

11. Actions you take during Open Enrollment will be effective the following January 1 unless otherwise stated — provided all electronic and form transactions have been completed properly and submitted timely.

**HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996) NOTIFICATION FOR MEDICAL PROGRAM ELIGIBILITY**

If you are declining enrollment for yourself or your eligible family members because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your eligible family members* in a UC-sponsored medical plan if you or your family members lose eligibility for that other coverage (or if the employer stops contributing toward the other coverage for you or your family members.) You must request enrollment within 31 days after your or your family member’s other medical coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a newly eligible family member as a result of marriage or domestic partnership, birth, adoption, or placement for adoption, you may be eligible to enroll your newly eligible family member. If you are an employee you may be eligible to enroll yourself, in addition to your eligible family member(s). You must request enrollment within 31 days after the marriage or partnership, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible family member because of coverage under Medicaid (in California, Medi-Cal) or under a state children’s health insurance program (CHIP) you may be able to enroll yourself and your eligible family members in a UC-sponsored plan if you or your family members lose eligibility for that coverage. You must request enrollment within 60 days after your coverage or your family members’ coverage ends under Medicaid or CHIP.

Also, if you are eligible for health coverage from UC but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage. For details, contact the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services at www.cms.gov or 877-267-2323 ext. 61565.

**IF YOU DO NOT ENROLL YOURSELF AND/OR YOUR FAMILY MEMBER(S) IN MEDICAL COVERAGE WITHIN THE 31 DAYS WHEN FIRST ELIGIBLE, WITHIN A SPECIAL ENROLLMENT PERIOD DESCRIBED ABOVE, OR WITHIN AN OPEN ENROLLMENT PERIOD, YOU MAY BE ELIGIBLE TO ENROLL AT A LATER DATE.** However, even if eligible, each affected individual will need to complete a waiting period of 90 consecutive calendar days before medical coverage becomes effective and employee premiums may need to be paid on an after-tax basis (retiree premiums are always paid after-tax). Otherwise, you/they can enroll during the next Open Enrollment Period.

To request special enrollment or obtain more information, employees should contact their local Benefits Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

Note: If you are enrolled in a UC medical plan you may be able to change medical plans if:
- you acquire a newly eligible family member; or
- your eligible family member loses other coverage.

In either case you must request enrollment within 31 days of the occurrence.

* To be eligible for plan membership, you and your family members must meet all UC employee or retiree enrollment and eligibility requirements. As a condition of coverage, all plan members are subject to eligibility verification by the university and/or insurance carriers, as described above in the participation terms and conditions.
Open Enrollment

FOR RETIREES

October 27–November 22, 2016

By authority of the Regents, University of California Human Resources located in Oakland administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions, and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit some of your benefits may differ from the ones described here. For more information, employees should contact their Human Resources Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to System wide AA/EEO Policy Coordinator, University of California Office of the President, 1111 Franklin Street, 5th Floor, Oakland CA 94607 and for faculty to the Office of Academic Personnel, University of California Office of the President, 1111 Franklin Street, Oakland CA 94607.