

New Dimensions

Benefits Newsletter for UC Annuitants

Volume 19 Number 2, Summer 2002

A Look at the New Health Care Facilitators

Due to the continued success of the Health Care Facilitator Program, it has now been extended to all campus and laboratory locations. Currently, there are nine locations with health care facilitators and more will follow in the coming months. These facilitators offer confidential one-on-one assistance in resolving health care issues, as well as providing answers to coverage, statement, and billing questions.

Frank Trueba, the UCSC health care facilitator since July 2001, has found his work fills a profound need of employees and annuitants in Santa Cruz. "In some cases," noted Frank, "we're helping employees resolve a problem that they have been wrestling with, for one reason or another, for quite some time. In one recent case, I helped someone who struggled for almost two years."

The new facilitators (see below) join Deborah Lloyd (UC Berkeley), Joe Walsh (UC Irvine and Irvine Medical Center), and Laura Morgan (UC Santa Barbara).

When asked what this program does for UC employees and annuitants, Joe Walsh said, "It's given them a safe and comfortable place to go when they are having problems with the health care system. The health care facilitator is someone people can depend on as knowledgeable about the medical plans and to be a confidential counselor."

Meet our new facilitators...

UC Riverside's Mary Johnson accepted her role as health care facilitator in April of this year, serving the last 22 years as a benefits representative at Riverside. She looks forward to the challenges of this new position.



Pictured above, top row, left to right: Laura Morgan, Guerren Solbach, Frank Trueba, Deborah Lloyd, and Joe Walsh. Front row, left to right: Mary Johnson, Wilma Westmoreland, Pamela Hayes, Loida Bartolome-Mingao (LBL interim health care facilitator).

As of March, Guerren Solbach became the health care facilitator for the Davis campus and Davis Medical Center, after six previous years as a UCD benefits specialist.

Just recently, UC San Francisco appointed Pamela Hayes as their health care facilitator. The program, which Pamela is now developing, will be available in the fall.

UC San Diego's Wilma Westmoreland joined the ranks of the health care facilitators in July after 33 years of service at UCSD. She most recently served as the insurance carrier liaison at the Benefits Office.

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New Health Care Facilitators *continued from page 1*

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UC Retirement Benefits Secure

A Message from the UC Treasurer and Vice President for Investments, David H. Russ:

With the stock market's latest decline and news about corporations' accounting problems, you may be wondering how the University's Retirement Plan (UCRP) is faring in this downturn. We want to assure you that the University's Retirement Plan equity remains strong; benefits to retirees will not be affected; and employees' future pension benefits are secure.

The UC Retirement Plan is a balanced portfolio, with investments in a variety of asset classes designed to reduce risk. Thus, while the major U.S. equity markets declined anywhere from 18-32% over the past year, our plan's total portfolio performed much better, thanks in part to a 9.5% gain in its bond portfolio.

UC's approach to the market is to maintain a diversified portfolio and carefully select its stock investments for long-term returns. Over the past two years, The Regents have also adopted policies to further diversify the investment portfolios to include additional asset classes that minimize the impact of any losses in individual companies and industries.

The results of UC's invest-for-the-long-term strategy have been quite successful. As a result, no

employee has had to pay into the UCRP since 1990.

While the stock markets have been very weak recently, it is important to see the big picture. Stocks have provided attractive returns over the long term, with the S&P 500 Index showing an average annualized return of more than 10% over the past decade.

We will keep you informed of any important news regarding Retirement Plan investments as circumstances warrant. In the meantime, you may wish to consult the following online resources (box below) regarding the University's retirement plan and your investments, including your 403(b) and defined contribution plans.

"A Message from the Treasurer about Equity Investing"
(http://www.ucop.edu/treasurer/updates/equity_investing.pdf)

"UC Retirement System Adds Treasury Inflation Protected Securities (TIPS)"
(<http://www.ucop.edu/treasurer/updates/TIPS.pdf>)

"403(b) and DC Plans Performance Information"
(<http://www.ucop.edu/bencom/rs/perform.html>)

TRICARE For Life

Beginning August 1, 2002, UC retirees and survivors who are enrolled in TRICARE for Life (TFL) may suspend their UC medical coverage and remain eligible to reenroll in a UC medical plan in the future.

TFL is a comprehensive health benefits program established by the National Defense Authorization Act. The program is available to retirees of the following uniformed services as well as their spouses and survivors who are age 65 or older and entitled to Medicare.

- Army
- Air Force
- Navy
- Marine Corps
- Coast Guard
- Public Health Service
- National Oceanic & Atmospheric Administration
- National Guard and Reservists

Enrollees pay no monthly premium for TFL coverage. To be eligible, an individual must be retired from one of the above uniformed services, enrolled in

Medicare Parts A and B, and registered in the Defense Enrollment Eligibility Reporting System (DEERS).

Retirees or survivors who enroll in TFL are not required to suspend their UC medical coverage but may want to do so. Before August 1, the only options were to maintain or to cancel UC medical coverage, and, in general, cancellation meant that UC coverage was permanently lost. The new option to suspend coverage allows future reenrollment in a UC medical plan.

The *TRICARE for Life Factsheet* has more information—how TFL and the UC medical plans work together, for example, or what actions you need to take to suspend or to reenroll in UC coverage. The factsheet will be available shortly online (www.ucop.edu.bencom) or from Customer Service (call 1-800-888-8267 between 9:00 a.m. and 4:00 p.m. on weekdays).

To find out if you're eligible for TFL benefits, call DEERS at 1-800-538-9552.

For more information about the TFL program, call the Department of Defense at 1-888-363-5433, or visit the TFL web site (www.tricare.osd.mil).

UC Retirement Investment Funds

The UC Treasurer's Office recently mailed the *Retirement Investment Funds* booklet for investments as of December 31, 2001 to UCRP members. The booklet summarizes the profiles of the six UC-managed retirement funds, including each fund's performance history, risk factors, portfolio characteristics, and investment objectives.

The booklet was not sent to casual employees, former employees, and retirees. The report is available on the UC Treasurer's Office website (www.ucop.edu/treasurer), under "Retirement Investment Funds" and listed as "Annual Report," or you may request a copy of the booklet by using the business reply card in this newsletter.

July 2002 UCRP Monthly Benefits COLA

For 2002, the automatic cost-of-living adjustment (COLA) to UCRP monthly benefits is 2 percent for all members who retired or became disabled on or before July 1, 2001. The increase will appear in checks paid at the end of July.

The annual UCRP COLA is based on Consumer Price Index (CPI) movement for the preceding year, averaged for the Los Angeles and San Francisco metropolitan areas and measured from February to February. The CPI movement for the period February 2001 to February 2002 was 2.23 percent. The UCRP COLA generally matches the CPI increase up to 2 percent and then adds 75 percent of the CPI increase over 4 percent, if any. The maximum COLA is 6 percent. Based on the formula, the 2002 UCRP COLA is 2 percent.

UC Health Care Update

Important Information for UC Annuitants

As you know from earlier UC communications and numerous newspaper articles, the health care industry in California and throughout the country is going through some major changes—changes that affect the University’s medical plans and your health benefits.

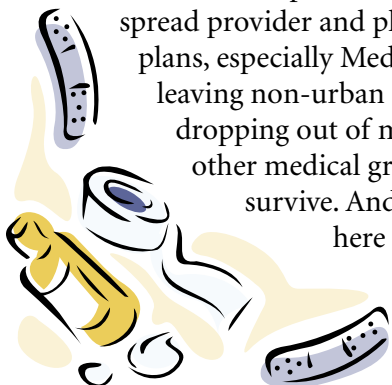
In the coming weeks, we will be completing negotiations for our 2003 medical plans. While final plan details are not available just yet, we want to share with our employees and annuitants what we do know, as well as what steps we are taking to try to reduce the impact on them and their families.

This update, along with other communications that we will provide in the months ahead, are intended to help our employees and annuitants understand why these changes are happening, what UC is trying to do about them, and what they may mean for employees, annuitants, and their families.

California’s changing health care environment

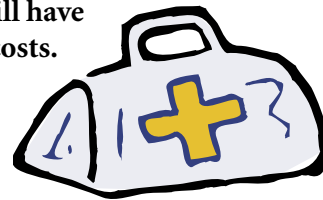
There are several main forces behind the changes we are seeing in health care. Generally, the marketplace is becoming very expensive, with experts forecasting double-digit percentage increases in medical care costs nationally. Prescription drug prices play a large role in driving these costs up. Additionally, after a number of years of limited increases in payments to doctors and hospitals, these groups are now asking for more money. Further, medical plans are trying to recover from losses they suffered in the 1990s, and people are getting older and using more health care.

As a result of these pressures, we are seeing widespread provider and plan mergers, and many plans, especially Medicare/HMO plans, are leaving non-urban areas. Providers are dropping out of managed care plans while other medical groups are struggling to survive. And it is particularly bad here in California where there has been a backlash against HMOs.



The net result: Consumers will have fewer choices and increased costs.

All of these forces are coming together to drive costs up and reduce the amount of choice we have enjoyed thus far.



What these changes mean for UC and you

For many years, UC medical plan members received outstanding benefits at little or no cost, while other public and private sector employers were either not able to offer such a range of choices or were having to charge members for them. On average, UC medical plan members have typically paid about six percent of their total medical premiums, whereas nationally, most employees pay at least 15 percent for single member coverage, and up to 30 percent for family coverage. While the University remains firmly committed to continuing to offer the best benefits possible, UC will not escape the changes sweeping the health care industry and, like other employers, is being forced to raise plan member costs and will not be able to offer the same number of choices in all areas.

UC employees will be spending more for medical coverage

Generally, UC will continue to offer choices for medical coverage, but they will look different and cost more. Because we are still in the process of negotiating our 2003 medical plans, details about final rates and benefits for 2003 are not yet known. **However, the first medical plan bids we’ve received so far are 20–40% higher in cost than last year.**

For fiscal year 2001–02, the state gave UC a nine percent funding increase for health care insurance. A combination of strong plan negotiations and moderate copayment increases allowed UC to continue to pay a major portion of employees’ premiums. However, for 2002–03, the state is currently offering UC a 6.7 percent funding increase for health care. With possible increases of 25 percent or more, this leaves a substantial gap in funding that UC will have to bridge.

Not just a UC problem

UC is not alone in facing this challenge. Employers nationwide are dealing with the same rapidly rising costs as we are and employees are paying more for coverage. Here in California, the California Public Employees' Retirement System (CalPERS) recently selected its 2003 HMO contracts with **average premium increases of 25 percent**. As one of the largest purchasers of employee medical benefits in the country, CalPERS serves as an indicator of changes for other employers.

UC still a good value

While these industry changes will require UC to modify its medical plans and will require employees and annuitants to pay more for their benefits, the good news is that they will continue to have access to high-quality health care and a broad range of choices.

What UC is doing to adapt to these changes and plan for the future

UC understands that these are significant changes for medical plan members, and we are aggressively searching for ways to reduce their impact, if possible. Additionally, UC continues to work with numerous health care expert groups to develop both short-term and longer-term options and strategies to help the University deal with this changing environment. These groups include health care experts and economists and others of the UC Faculty Welfare Health Subcommittee, and nationally recognized health care consultants from Deloitte and Touche.

What you should be doing now

Even though we are still waiting for final costs and, therefore, don't know all the details of how this will impact UC employees and annuitants, there are some things you can be doing now to begin to prepare for the upcoming changes.

Evaluate your needs and priorities.

One of the best things you can do to prepare yourself for the coming changes is to start thinking about your health needs and finances now. Take an inventory of the types of medical services and medical benefits that are most important to you and prioritize them. For example, you may need or want

access to specialists or specific drugs and are willing to pay more for that flexibility. Or you may decide that you want the lowest amount possible deducted from your monthly benefit but you want to be sure you're still covered for catastrophic events. Or, protection against all medical expenses and not just catastrophes may be important to you, even though it will be more expensive. Looking at your needs and what's most important now will help you in your decision-making later in the year.

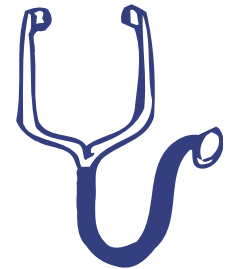
Stay informed.

Stay informed about what is happening so you can make informed decisions. In addition to reading these updates and visiting the UC website, look for newspaper articles on this topic and talk to your doctor.

Sources of useful information to help you

Online Resources

www.ucop.edu/bencom
www.uc.thehealthpages.com
www.pbgh.org
www.healthscope.org
www.calmedicare.org
www.ahcpr.gov



Article on changes in health care

BusinessWeek "Special Report: The Coming Revolution in Health Care" (May 6, 2002) (www.businessweek.com/magazine/toc/02_18/B3781health.htm).

UC Benefits Offices

www.ucop.edu/bencom/info/campuslist.html

Local Health Care Facilitators

See box on page 2.

Answers to Some Common Questions

Q. Will my retirement benefit be affected?

A. If your medical benefit choices result in a cost increase, the amount of money that's automatically deducted from your monthly benefit will rise accordingly.

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UC Healthcare Update *continued from page 5*

Q. Given that UC is such a large customer, why can't we get a better deal from providers?

A. Actually, we are using our size and purchasing power to get the best deals we can. Still, despite our size, UC will not be exempt from what has become a nationwide problem affecting all employees, regardless of the size of company or institution at which they work.

Q. Why don't we just ask the state for more money to help with these medical plan increases?

A. Unfortunately, the state is currently running a \$23 billion deficit and is limited in the amount of money available that it can give UC. The current 2002–03 state budget has a modest 6.7 percent increase for UC health care costs. We are hoping that by the time the state budget is finalized, we will still have at least this amount of money to put toward our medical plan costs.

Q. Why can't other UC funds (i.e., retirement plan) be used toward health care costs?

A. UC Retirement Plan funds are restricted by the Internal Revenue Code to retirement-related uses and cannot be used for health care costs. Similarly, funds dedicated to other programs and services cannot be shifted to health care expenses because that would undercut other important University needs.

Q. How long will this period of change last?

A. It's hard to predict exactly, but it's safe to assume that it will likely be a few years before the industry restabilizes.

Q. Why doesn't UC slow down or temporarily suspend expansion plans to be able to shift more of those funds to employee health care costs?

A. UC has a wide range of obligations and commitments that it must meet each year in order to fulfill its mission. The challenge is to try to balance these priorities and to try to spread financial impacts across the system as fairly as possible.

Q. Is this like the "fake" energy crisis of the early 1980s?

A. No. The changes taking place in today's health care industry are real and will be with us for the foreseeable future (see Sources of Useful Information on page 5).

Q. Why now? Why didn't UC try to head this off earlier?

A. Actually, this started 2–3 years ago nationwide, as well as in California. It's just now hitting UC hard because we've been able to work with plans the last year or so to minimize the impact to UC. Also, here in California, the state's financial decline has made the situation worse.

Q. Will there still be a free plan option?

A. Costs are rising too sharply for UC to continue to offer fully paid HMO coverage for employees and their families. We are exploring ways to deal with the rising costs while continuing to offer employees basic coverage at the most affordable rates we can negotiate.

LANL Health Care Update

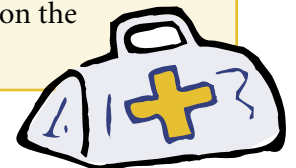
While the entire UC system is challenged by rising health care costs, the challenge is especially great for the Los Alamos National Laboratory. A number of factors, including geographic isolation and limited health plan choices, add to the cost pressures at LANL.

Pathways to change

To address the problem, UC and Lab leaders have embarked on an initiative called "Health-Care: Pathways to Change." Its overall goal is to plan and prepare for cost increases and other changes in the Lab's health care program so that employees, retirees, and their families will continue to have quality health care that both they and the Lab can afford in the years ahead.

Questions and Answers

The LANL community is encouraged to follow the situation by visiting the "Pathways to Change" website (www.lanl.gov/health). The website features a way for you to submit your questions and receive answers on the health care initiative.



Traveling this Summer? Be Prepared!

If you will be traveling this summer, be sure to take with you any telephone numbers that you might need in an emergency. For your convenience, we have compiled a list of UC-affiliated plans and companies. In case your travel takes you outside the

U.S. and outside the range of the toll-free numbers, we have included both toll-free numbers and local telephone numbers, as well as any special instructions that may apply.

Plan/Company	Toll-free Number	Outside U.S.	Special Tips
UC Customer Service	1-800-888-8267	510-987-0200	

Health and Welfare Plans

Medical Plans

BluePremier HMO New Mexico	1-800-711-3795	505-291-3500	(can call collect)
BluePremier POS Plan	1-800-711-3795	505-291-3500	(can call collect)
Core—California and New Mexico	1-800-632-0524	213-988-8850	(can call collect)
Health Net of California	1-800-522-0088	818-676-8900	
High Option	1-800-632-0524	213-988-8850	(can call collect)
Kaiser Permanente of California	1-800-464-4000	800-464-4000	(connect through US operator)
Kaiser Permanente Mid-Atlantic	1-800-777-7902	301-468-6000	(can call collect)
PacifiCare of California	1-800-624-8822	714-952-1121	(request call back)
PacifiCare of Nevada	1-800-347-8600	800-347-8600	(connect through US operator)
UC Care	1-800-313-3804	213-988-8850	(can call collect)
Western Health Advantage (WHA)	1-888-563-2250	916-563-2250	

Behavioral Health

Harmony (PacifiCare of Nevada)	1-800-363-4874	702-251-8000	
Magellan (WHA)	1-800-424-1778	253-596-0006	
MNH (Health Net)	1-888-935-5966	800-777-9355	(int'l toll free)
PacifiCare Behavioral Health (PacifiCare of California)	1-800-999-9585	949-348-5600	
PacifiCare Behavioral Health (BluePremier HMO & POS New Mexico)	1-800-817-8811	949-348-5600	
UBH (UC Care)	1-888-440-8225	415-547-6812	(can call collect)



Dental Plans

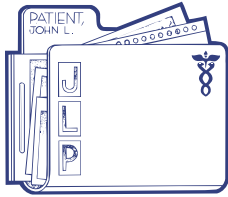
Delta Dental (California)	1-800-777-5854	415-972-8300	(no collect calls)
Delta Dental (LANL)	1-800-999-0963	415-972-8300	(no collect calls)
PMI	1-800-422-4234	562-924-8311	(no collect calls)

Other Health and Welfare Plans

A+ Auto & Home Insurance	1-800-800-9410	719-532-8000	(can call collect)
AIG (AD&D Insurance)	1-800-551-0824	302-761-3700	(can call collect)
Signature LegalCare	1-800-841-0193	818-706-6672	(can call collect)

Retirement and Savings

Fidelity Investments	1-800-343-0860	877-343-0860	(int'l toll free through AT&T access #)
Calvert Group Mutual Funds	1-800-368-2745	301-951-4800	
American Century Investments	1-800-472-3390	816-340-7010	(can call collect)



UC's Medicare Corner

Useful websites: Medicare—www.medicare.gov Social Security—www.ssa.gov

Medicare Works for You

Your medical plan is one of the most valuable benefits of working for the University of California. The value of health coverage can rival that of your retirement benefits, and when a major illness strikes, it offers you something on which you cannot put a price.

As is true with most employers today, to provide cost-effective health coverage, the University works with the medical plan carriers to contain costs, with the understanding that members will enroll in Medicare when they become eligible. Medicare was created to provide coverage when serious or catastrophic illness would make conventional health coverage too costly for employers, their medical plan carriers, or the covered members. Through Medicare enrollment, members maintain complete medical coverage because Medicare coordinates with the medical plans. Having Medicare-eligible members in coordinated plans helps our plan carriers provide reasonable rates for both Medicare and non-Medicare plans.

Medicare Provides Coverage Foundation

Medicare provides a foundation of coverage, currently paying up to 80 percent of the approved expenses for enrollees. For instance, the spouse of a UC annuitant recently had a serious illness that required surgery. The cost of the surgery and hospitalization would have been prohibitive and devastating had the member's spouse not been enrolled in Medicare. The surgery alone cost more than \$49,000, and, added to the \$2,200 per day for the hospital, the total bill for these services was almost \$100,000. Medicare paid about \$80,000 of the expense, while the Medicare medical plan paid the balance, except for a small copayment. If the spouse had not been enrolled in Medicare Part B, or had let Medicare Part B lapse, the medical plan would technically not be responsible for paying any of the costs. The member may have been responsible for the entire amount. (Note: If she did not

elect Part B, they would pay the \$110 offset fee and have non-Medicare coverage.)

Medicare Eligibility Rules

To make the transition to Medicare coverage, it is important for UC members to understand Medicare eligibility rules.

Most UC annuitants and their family members become eligible for Medicare when they reach age 65, at which time a person with 40 quarters of coverage (approximately 10 years of paying into Medicare) qualifies for premium-free Part A, the Part of Medicare that covers hospitalization. Medicare-eligible members should also enroll in Medicare Part B (medical insurance) at the same time, as that is when the monthly premium will be its lowest. The Medicare monthly premium increases for those who delay enrolling in Part B.

It is important to note that those on Social Security disability and those with permanent kidney disease are also eligible for Medicare regardless of age. So, although you or your family members may not be approaching age 65, Medicare enrollment may be necessary if circumstances make someone in your family eligible.

With a few exceptions, most UC annuitants become eligible for Medicare at age 65. Members without sufficient covered employment often qualify anyway: marriage to a person entitled to Medicare qualifies you. Also, survivors and ex-spouses of eligible members usually qualify.

If you think you or a family member might qualify for Medicare, contact Social Security for a personal assessment.

What to do when Enrolled

Once enrolled in Medicare Parts A and B, members should notify the University and their medical plans. They will then transition to their carrier's plan for Medicare members. Those enrolled in HMO plans (except BluePremier HMO New

Mexico) should transition to their carrier's managed care plan for Medicare members (Medicare + Choice), and assign their Medicare accordingly. This will establish a coordination of benefits between the medical plan and Medicare, which proved so beneficial to the member in the earlier example.

University Rules about Medicare

When an annuitant or insured family member qualifies for premium-free Medicare Part A (hospital insurance), UC requires that they enroll in both Medicare Parts A and B (medical insurance). Part B requires that a monthly premium be paid to Social Security (usually deducted from the monthly Social Security check), but enrollment in Part B is necessary to coordinate medical coverage with the UC-sponsored medical plans. Once you have Medicare coverage, you must maintain it. Any changes in your Medicare status should also be reported to UC, and periodically UC HR/Benefits

may request information from you about your coverage and covered family members.

In today's complicated environment, UC works with our medical plan carriers to provide quality benefits to UC members at reasonable cost. To keep rising costs in check, members share responsibility for making the system work for the benefit of all. If those eligible enroll in Medicare Parts A and B, maintain it so their coverage is properly coordinated with the UC-sponsored medical plan coverage, and keep UC up to date on their Medicare status information, everyone wins.

For those eligible for Medicare, the best reason to follow these simple steps is that you will have the security of knowing that if a serious illness strikes, you have coordinated Medicare and UC-sponsored coverage and don't have to worry about problems with your coverage.

The University knows that when something serious happens, you have more important concerns.

Benefits for UC-PERS Plan Retirees

At their May meeting, the UC Regents approved a one-time cost-of-living adjustment (COLA) for UC-PERS members who retired under the UC-PERS Voluntary Early Retirement Incentive Program—the UC-PERS Plan—in 1991. The increase will be effective July 1, 2002.

For University employees who were PERS members, the UC-PERS Plan offered retirement incentives that were generally comparable to those for UCRP members who retired under the UCRP Voluntary Early Retirement Program-I (VERIP I). The UC-PERS Plan, funded by locations, did not include any cost-of-living provisions, and the purchasing power of the plan benefit has eroded since 1991.

This COLA will restore a portion of the lost purchasing power and will result in parity with 1991 UCRP VERIP I retirees who have received annual COLAs. Beginning in July 2003, the purchasing power of the UC-PERS Plan benefit will be reviewed annually, and ad hoc COLAs may be recommended from time to time, subject to the availability of funds.

UC-PERS Plan retirees will be notified individually about the COLA.

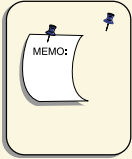
Long-Term Care

TIAA-CREF Program for Same-Sex Domestic Partners

If you are interested in long-term care insurance (extended care needed as a result of chronic disease or aging) for a same-sex domestic partner, contact TIAA-CREF at 1-800-223-1200. TIAA-CREF (Teachers Insurance and Annuity Association College Retirement Equities Fund) also offers policies for your spouse, parents, and in-laws.

A wealth of information on long-term care insurance is available through various publications, and on the Internet. See the Spring 2002 *New Dimensions* for more details.

Note: Performance results of UC-managed investment funds for the period ending June 30, 2002 will be included in *News for Your Benefit*, sent in August with your semi-annual account statement. Future editions of this newsletter will include the performance results for periods ending September 30 and March 31. For current performance information, see UCbencom (www.ucop.edu/bencom) or call bencom.fone (1-800-888-8267).



Bulletin Board

Bulletin Board is for UC retiree and emeriti association announcements and other articles of interest. The information contained herein does not necessarily represent the opinions of UC Human Resources and Benefits. UC HR/Benefits reserves the right to edit, correct, and/or decline to publish information submitted to New Dimensions. To post an announcement, write to New Dimensions or e-mail steven.ong@ucop.edu.

UCD Retirees' Association Elects Officers for 2002–2003

At its spring general meeting, the UCDDRA membership elected the following officers and board members for 2002–2003:

President	Robert Eernisse
1st Vice-President	
President elect	Anne Gray
2nd Vice President	Barbara Nichols
Secretary	Arleen Kasmire Chris Grain (shared)
Treasurer	Richard Frost
Immediate Past-President	Howard Frank
CUCRA Treasurer	Robert Padden
CUCRA Representatives	Robert Eernisse Anne Gray
Board Members	Beverly Brooks Allean Burton Chris Grain Charles Lacy Vernon Lust Walter Winton

Scholarships Continued

The UCD Retirees' Association continued its annual \$1,000 scholarship program. These scholarships are administered through the UCD Staff Scholarship Committee.

Corinne Cooke and Iva Armstrong from UCDDRA joined the Staff Scholarship panel to choose recipients, and one \$500 and two \$250 scholarships were awarded. The recipients are Brian K. Aguilar, an academic coordinator with Upward Bound who is working toward a master's degree at California State University, Sacramento; Lisa P. Attles, a library assistant in access services on the Davis campus who is pursuing a career in nursing; and Lori Dee Winship, who works in the division of education and is completing an associate of arts degree with the goal of a bachelor's degree in business management.

The three scholarships were formally presented by Cooke at the Thank Goodness for Staff annual luncheon in May on the Davis campus. Lorraine Beaman, chair of the campus Staff Scholarship Committee, awarded scholarships to Rod Santos, animal science department, studying for a counseling degree; Teresa Anthony, office of the registrar, also studying for a counseling degree; and Shamaz Mobley, patient care services at UCDDMC, continuing her studies in health administration.

UCI Medical Center: Calling all Staff Alumni

UC Irvine Medical Center is interested in communicating with staff alumni, wherever you may be. The Alumni Association would like to share information about construction of the new UCI Medical Center hospital, and generally help staff retirees "stay connected."

If you're a staff alumna, please send your name, address, and email address to Dennis Clark, UCI Alumni Association, Phineas Banning Alumni House, University of California, Irvine, CA 92697-1225 (or write to alumni@uci.edu).

UC Treasurer Joins Financial Organization

In April, the Institute for Quantitative Research in Finance (the Q Group) approved the membership of David H. Russ, UC's Treasurer and Vice-President for Investments.

The Q Group is a specialized professional organization, which supports its members in developing and implementing solutions to financial and investment problems to help improve the global financial marketplace. The Q Group currently has 120 members, including investor-practitioners from university endowments, foundations, investment managers, and public and private pension fund managers who present their research papers at the Institute's semi-annual seminars.

"Membership in the Q Group is an honor, both for me, and for the University of California. The Q Group has supported research in asset allocation, financial economics and quantitative finance by academics and practitioners throughout the world—including University of California researchers. The papers presented and the discussions generated at the Q Group seminars are timely and often prescient," Russ said.

New Dimensions

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Comments or Questions?

Write *New Dimensions* at:
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Association Contacts

Use this listing if you're interested in joining an association, or to inform your association of an address change.

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Note to associations: To update a listing, write to *New Dimensions*.



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Volume 19 Number 2, Summer 2002

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 - ◆ UC-PERS Plan COLA—page 9
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