ARE YOU COVERED?

2016 Open Enrollment
For Faculty and Staff

Oct. 29–Nov. 24, 2015
YOUR OPEN ENROLLMENT “TO DO” LIST:

☐ Review this booklet and the Open Enrollment website to help make your benefit choices for 2016.

☐ Now is the time to make sure you’re enrolled in the right medical plan for you and your family. View our medical benefits video and access other online tools to learn more.

☐ Decide whether you want to enroll or re-enroll in a Health or Dependent Care Flexible Spending Account. Then use the CONEXIS calculator tools to determine how much you want to contribute in 2016. Remember, if you’re in the Blue Shield Health Savings Plan, you cannot enroll in the Health FSA.

☐ If you want to change your primary care physician and you are not changing your medical plan, call your plan to request the change.

☐ Go online to ucnet.universityofcalifornia.edu/oe, choose AYS Online and sign in to your account to make your elections by November 24 at 5 p.m.

☐ If you need to enroll or de-enroll your dependents, select “Family Member” from the menu on the left.

☐ Confirm your changes and print a copy of your elections for your records by selecting the print-friendly options on the confirmation page.

☐ Review your confirmation statement carefully to ensure that your benefit elections were recorded correctly. You must report any errors or discrepancies to your benefits office immediately.

Any changes you make during Open Enrollment will be effective Jan. 1, 2016.

OPEN ENROLLMENT IS ONLINE

Go to ucnet.universityofcalifornia.edu/oe for all the details.

IF YOU DON’T HAVE ACCESS TO A COMPUTER

If you need additional information or a form to complete your benefits changes during Open Enrollment, contact your local benefits office.

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 are available at ucnet.universityofcalifornia.edu/oe (see Medical Plans) and on each plan’s website. Paper copies are also available, free of charge, by calling the plans (see page 10).
ARE YOU COVERED?

There aren’t many changes to your benefits this year, but there are a few, so be sure to review this booklet and consider your choices. Make sure you have the best possible benefits for you and your family next year.

SOME HIGHLIGHTS:

- UC has worked hard to maintain a full range of quality medical plan and pricing choices for employees, and to control costs as health insurance costs nationwide continue to rise. For 2016, many employees will see less than a $6 monthly premium increase.

- UC makes sure that you’re covered for dental and vision care. Again, these plans will be free to you and your family.

- Due to the Affordable Care Act, some employees not previously eligible for benefits will be eligible beginning January, 2016. See page 5.

- ARAG Legal Plan is open for enrollment this year. Legal assistance, credit monitoring and identity theft protection are among the many services offered through this plan. With no rate changes, the plan also will remove the limitation of one claim per item per year.

- Videos and other online resources are available to help you understand benefits coverage for you and your family. Use these tools to help make your choices.

- Visit the Open Enrollment website to get all the details. Then log on to AYS Online and make your changes by 5 p.m., Nov. 24.
TIPS ABOUT MEDICAL PLANS:

If you want lower monthly premiums:
- Blue Shield Health Savings Plan
- Core
- Kaiser Permanente
- Western Health Advantage

If you want one doctor to manage all your care:
- Health Net Blue & Gold HMO
- Kaiser Permanente
- Western Health Advantage

If you want more flexibility in choosing doctors:
- Blue Shield Health Savings Plan
- Core
- UC Care

If you or a family member will be living or studying outside California:
- Blue Shield Health Savings Plan
- Core
- UC Care

If you want access to UC medical centers and doctors:
- Blue Shield Health Savings Plan
- Core
- Health Net Blue & Gold HMO
- UC Care
- Western Health Advantage

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
- Making the most of your medical plan

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

Links to each medical plan’s website with information about how the plan works; doctors, hospitals and specialists in the plan; and much more.

Summaries of Benefits and Coverage—Important information about each plan’s coverage in a standard format so that you can easily compare plans.
AFFORDABLE CARE ACT
Since its passage in 2010, the nation’s health care reform law has had a significant impact on the University of California health programs—requiring coverage of children up to age 26, free preventive care, added fees and taxes. Now, effective January 1, 2016, employers like UC must offer to all their full-time employee affordable health insurance that meets minimum coverage requirements. Consequently, certain employees who have been ineligible for UC benefits may now become eligible.

As a result, UC is making changes to its eligibility measurement practices that will make qualifying for benefits, and maintaining benefits eligibility, easier. UC will measure hours of service once a year, in November, over a 12-month “look back” period, rather than checking eligibility each month.

While UC currently offers coverage to many employees—both full-time and part-time—this year UC will also offer medical coverage to roughly 5,000 additional employees who have not typically been benefit-eligible because of their job classification. Individuals with the following job appointments are newly eligible for UC-paid Core benefits if they are expected to work 75 percent time (30 hours) a week for three months or more:

- Students in “casual/restricted” appointments
- Per Diem employees
- Employees paid “by agreement” (flat dollar compensation)
- Seasonal workers.

UC will determine the employees who now qualify for health insurance and will contact them by Dec. 31 to enroll during a special enrollment period in January 2016.

MEDICAL PLANS
All existing UC medical plans will be available in 2016. If you’re considering changing to a new plan, visit the Open Enrollment website (ucnet.universityofcalifornia.edu/oe) for videos and tools to help you choose.

For 2016, UC improved coverage for travel immunizations and added several programs to help you stay healthy and to improve your experience if you need care.

TRAVEL IMMUNIZATIONS AND VACCINATIONS
In 2016, all medical plans will cover immunizations when needed for travel. For a detailed list of immunizations, contact your plan.

- Blue Shield Health Savings Plan and Core will now cover travel vaccines both in and out of network—regular co-insurance and deductibles apply. Vaccines on the federal Affordable Care Act (ACA) preventive list are covered in full with no deductible, as long as they’re received in-network.
- Health Net Blue & Gold will now cover travel vaccines in full.
- Kaiser will continue to cover travel immunizations in full when received at a Kaiser medical office, and regular prescription copays will apply when obtained at a Kaiser pharmacy. (No change.)
- UC Care will cover the full cost of travel vaccines if received from an in-network provider or at a participating pharmacy.
- Western Health Advantage will now cover travel vaccines in full.

OTHER CHANGES
- Blue Shield Health Savings Plan will offer “Welvie,” an online tool to help members make the best decisions about surgery, as well as a program called “Oncology Practice of the Future” to ensure comprehensive cancer care for its members. The Health Savings Account (HSA) family contribution limit increases $100 to $6,750; the HSA limit for individuals remains at $3,350.
- Health Net Blue & Gold will add the “Quit for Life” coaching program to go along with its current online smoking cessation program. Additionally, the Omada Prevent program for members with pre-diabetes will be expanded to target members at risk for heart disease.
- UC Care added more Ambulatory Surgical Center (ASC) providers in the UC Select tier at a $100 co-pay.
- Core will add coverage for applied behavioral health (ABA) services to support autism care as well as a program called “Oncology Practice of the Future” to ensure comprehensive cancer care for its members.

WELLNESS
UC Living Well will continue to promote the numerous wellness activities offered at each location, and in addition, will highlight wellness resources available through UC’s medical plans. Wellness coaching and the $75 incentive through Optum will not be available in 2016.

FLEXIBLE SPENDING ACCOUNTS
The Health Flexible Spending Account maximum contribution limit is increasing by $50 to $2,550; the Dependent Care Flexible Spending Account limit remains at $5,000 ($2,500 if married filing a separate tax return).
YOUR MEDICAL PLAN COSTS

In an era of rising medical care costs, UC is working continually to hold down costs for its faculty and staff while still providing a wide range of coverage and pricing choices. For 2016, many employees will see less than a $6 monthly premium increase.

Below are the 2016 monthly costs for medical plan premiums based on your full-time salary rate as of Jan. 1, 2015.

FOR THOSE WITH FULL-TIME SALARY RATE OF $51,000 OR LESS

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FOR THOSE WITH FULL-TIME SALARY RATE OF $51,001 TO $102,000

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### FOR THOSE WITH FULL-TIME SALARY RATE OF $152,001 OR MORE

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THINGS TO CONSIDER

DON’T FORGET TO ENROLL OR RE-ENROLL IN A FLEXIBLE SPENDING ACCOUNT

Open Enrollment is the time to enroll or re-enroll in Dependent Care and/or Health Flexible Spending Accounts (FSA). You must re-enroll if you wish to participate in 2016; you must contribute a minimum of $180 per year up to a maximum of $2,550 for the Health FSA and up to $5,000 for the DepCare FSA ($2,500 if married filing a separate tax return).

If you enroll in the Blue Shield Health Savings Plan, you cannot enroll in the Health FSA.

The CONEXIS website (uc.conexisfsa.com) provides a list of eligible FSA expenses and links to FSA calculators to help you estimate the amount you should contribute and your potential tax savings. Choose your contribution amount carefully as these plans are subject to IRS “use it or lose it” rules.

HEALTH FLEXIBLE SPENDING ACCOUNT BALANCE CARRYOVER

The Health FSA now includes a feature that lets you carry over up to $500 of unused funds to the next plan year. With the carryover, you do not have to rush to spend all of your Health FSA funds or worry about losing money when the 2015 plan year ends. (This provision doesn’t apply to the DepCare FSA). With the carryover, you have until Dec. 31, 2015 to incur eligible expenses for the 2015 plan year. The plan’s deadline to file claims for expenses incurred during the 2015 plan year is April 15, 2016. After the April 15 deadline, unused funds up to $500 will “carry over” to the 2016 plan year and be available for reimbursement in early May even if you don’t enroll in 2016. Unused funds greater than $500 will be forfeited.

FAMILY MEMBER ELIGIBILITY VERIFICATION

UC requires all faculty, staff and retirees who enroll new family members in their medical, dental and/or vision 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 2016 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. No documentation is required for family members whose eligibility was verified previously.

Secova, Inc. administers the verification program for UC.

More information about the verification process is available online at ucal.us/fmv.

TRANSITIONING FROM ONE MEDICAL PLAN TO ANOTHER

If you choose to enroll in a different medical plan for 2016 and you or a family member is pregnant, scheduled for surgery/other medical procedure or continuing treatment in late 2015, call the new plan and ask how it will oversee the transition of your care.

Many plans offer transition-of-care support to bridge the gap between old and new plans. This support is important for those receiving care from providers who will no longer be in-network under the member’s new plan. These transition-of-care arrangements allow a period of time for you to continue to see your current provider during the course of your treatment while still receiving the in-network level of benefits from your plan. Transition-of-care staff at your new plan will help you identify network providers who can offer you necessary care once the transition period ends.

All of UC's medical plans will help ensure that you get the care you need. Check the websites for your current and new plans for information on how you take all the right steps so you're covered.

EMPLOYEES IN COLLECTIVE BARGAINING UNITS

If you are in a union with an expired collective bargaining agreement, your premium contributions for existing benefit plans for 2016 might be different from the contribution rates on the Open Enrollment website and in written communications to all employees. Changes in contributions for represented employees are subject to collective bargaining negotiations and rates for existing benefit plans will remain unchanged until new rates are agreed to in negotiations or become effective in accordance with the requirements of HEERA.

You can make changes to your plan choices and coverage levels during Open Enrollment, but you will be charged the applicable employee contribution rate for your bargaining unit until the university and the union’s representatives reach agreement or until new rates are in effect in accordance with HEERA requirements.
THINGS TO CONSIDER

VERIFYING QUALIFIED COVERAGE TO IRS

A new IRS regulation requires that health plans must annually report covered members’ Social Security numbers in order to verify that individuals have health insurance that satisfies the requirements of the Affordable Care Act. Some employees whose medical plans do not have Social Security numbers for the employee’s covered family members may have received letters with instructions on how to supply the missing information and an explanation as to why UC is making the request.

The ACA also requires most individuals and their dependents to have qualified health insurance confirmed by their insurer and recorded on their 2015 personal tax return. Depending on the health insurance carrier and type of insurance (fully insured or self-insured), you will receive either a Form 1095-B or a Form 1095-C (or both forms if under a fully insured plan). The form(s) will contain the health coverage information for you and your dependents that you will need to file your annual income tax returns, beginning with the 2015 tax year. Individuals who submit this information on their income tax returns will satisfy the “individual mandate” to maintain health insurance coverage for the year.

IF YOU OR A FAMILY MEMBER BECOME ELIGIBLE FOR MEDICARE IN 2016

If you continue working at UC past age 65, you are not required to sign up for Medicare Part A, B or D. Any family member covered by your plan who becomes eligible for Medicare may also defer signing up for Medicare.

When you retire, or if you and any covered dependent lose eligibility for UC-provided coverage, you and any Medicare-eligible dependent should immediately enroll in Medicare. If you do not enroll immediately, Medicare may charge a permanent 10 percent penalty for each full year you could have enrolled in Part B. Domestic partners (same-sex and opposite-sex) are usually not eligible to defer enrollment into Part B without incurring late enrollment penalties. These individuals are advised to contact the SSA three months before turning age 65 to inquire about Part B enrollment options and whether late enrollment penalties apply if enrollment is deferred.

If you plan to retire in 2016, are eligible for retiree health insurance, and expect to enroll in Medicare during the year, consider whether the Medicare version of your current medical plan offers the benefits you may want. If not, Open Enrollment is the time to change plans. You can’t change plans mid-year simply because you have become eligible for Medicare or have elected to retire.

Medicare plan service areas may differ from non-Medicare plan service areas. The Medicare version of your medical plan may have different benefits, medical groups, specialists and behavioral health providers. Call the plan directly or visit its website. For Medicare information, read the UC Medicare Factsheet, available on the UCnet website or from your local benefits office.

If you plan to move outside California and all covered members of your family are eligible for Medicare, UC offers a special medical benefits program for you. Learn more about OneExchange at medicare.oneexchange.com/uc.

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.

You can name beneficiaries for your pension, life insurance and/or accidental death and dismemberment benefits online by signing in to your personal account on the At Your Service website. While you’re making Open Enrollment changes, check to see if your beneficiaries and their contact information are up to date while you are signed into your account.

To name beneficiaries for your Retirement Savings Program plans—DC, 403(b) and/or 457(b)—log in to ucfocusonyourfuture.com. Then select “My Account” and then “Update Beneficiaries.”

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 if you need coverage information for a specific condition, service area or plan provider.

MEDICAL PLAN CARRIERS

BLUE SHIELD HEALTH SAVINGS PLAN
855-339-9973
blueshieldca.com/uc

CORE
855-339-9973
blueshieldca.com/uc

HEALTH NET BLUE & GOLD/SENIORITY PLUS
800-539-4072
healthnet.com/uc

KAISER PERMANENTE—CALIFORNIA
800-464-4000
my.kp.org/ca/universityofcalifornia

UC CARE
855-702-0477 (domestic)
60004040 (international)
uc-care.org

WESTERN HEALTH ADVANTAGE
888-563-2252
westernhealth.com/members/ucd_active.cfm

OTHER CARRIERS

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

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

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

AIG BENEFIT SOLUTIONS (AD&D)
800-772-7863
aig.com

VISION SERVICE PLAN
866-240-8344
vsp.com

IMPORTANT NOTICES

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 be eligible to 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.

UNIVERSITY OF CALIFORNIA HEALTHCARE PLAN NOTICE
OF PRIVACY PRACTICES—SELF-FUNDED PLANS

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.” 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 Practices—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, 2014 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.
**TERMS AND CONDITIONS**

The Terms and Conditions governing participation in UC-sponsored health and welfare plans can be found on the Open Enrollment website: ucnet.universityofcalifornia.edu/oe. Ask your local benefits office for a copy if you don’t have access to a computer.

**OTHER NOTICES ONLINE**

Under HIPAA (Health Insurance Portability and Accountability Act of 1996), you may have additional opportunities outside of Open Enrollment to enroll in a UC-sponsored medical plan—for instance, if you have lost eligibility for coverage in another plan. However, certain conditions apply. See the full HIPAA notice on the Open Enrollment website (ucnet.universityofcalifornia.edu/oe).

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**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.insurekidsnow.gov or dial 1-877-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, please visit the UC Open Enrollment website (ucnet.universityofcalifornia.edu/oe/more-information/chip.pdf) for a list of states that currently provide premium assistance. The list is effective as of July 31, 2015, and includes contact information for each state listed.

To see if any more states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, you can contact:

**U.S. Department of Health and Human Services**

**Centers for Medicare & Medicaid Services**

www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565
ARE YOU COVERED?

2016 Open Enrollment
For Faculty and Staff

Oct. 29–Nov. 24, 2015

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 (1-800-888-8267). 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 your Human Resources Office and retirees should call the UC Retirement Administration Service Center (1-800-888-8267).

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 Systemwide AA/EOO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 5th Floor, CA 94607, and for faculty to the Office of Academic Personnel, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.