ARE YOU COVERED?

2016 Open Enrollment
Retirees in Medicare
Outside of California
Oct. 29–Nov. 24, 2015
YOUR OPEN ENROLLMENT “TO DO” LIST:

FOR YOUR MEDICAL PLAN
☐ If you’re new to the Medicare Coordinator Program, call OneExchange to make an enrollment appointment and enroll in a new Medicare supplement plan. Review the details in the brochure that recently was mailed to you.

☐ If you are continuing with OneExchange, watch for information from your plan about changes for 2016. If you don’t want to change plans, no action is necessary. If you want to explore other options, you must call OneExchange.

☐ In order to receive UC’s $3,000 Health Reimbursement Account contribution, you must enroll through OneExchange (unless you enroll in Kaiser).

FOR DENTAL AND LEGAL
☐ Visit the Open Enrollment website (ucnet.universityofcalifornia.edu/oe) to learn more about the ARAG Legal Plan and dental plans.

☐ If you want to enroll in the dental or legal plan or add or de-enroll family members, submit a UBEN 100 form to the Retirement Administration Service Center by Nov. 24, 2015. The UBEN 100 form is available online at ucal.us/UBEN100 or from the Retirement Administration Service Center (800-888-8267).

FOR VISION AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

To enroll in or make changes to the retiree vision plan, contact Vision Service Plan directly. See page 4 for details.

To enroll in or make changes in AD&D, contact AIG Benefit Solutions directly. See page 5 for details.

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

IF YOU DON’T HAVE ACCESS TO THE INTERNET

If you need additional information or a form to complete your benefits changes during Open Enrollment, contact the UC Retirement Administration Service Center: 800-888-8267, Monday–Friday, 8:30 a.m.–4:30 p.m., PT.

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.

CONTACT INFORMATION

Call the vendor directly if you need assistance.

OneExchange
855-359-7381 https://medicare.oneexchange.com

Delta Dental PPO
800-777-5854 deltadentalins.com/uc

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

AIG (AD&D)
800-772-7863

Vision Service Plan
866-240-8344 vsp.com/go/ucretirees
ARE YOU COVERED?

UC’s Open Enrollment is your opportunity to enroll in or make changes to your benefits coverage. Review this booklet and consider your choices. Make sure that you have the best possible benefits for you and your family next year.

SOME HIGHLIGHTS:

• Call OneExchange and talk with a benefit advisor to enroll in a medical plan or to make sure your current plan is still your best option. UC’s contribution of $3,000 for you and each eligible family member is not changing.

• 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. There will be no rate changes in 2016.

• The Vision Plan is open for enrollment, and there will be no rate changes in 2016.

• Visit the Open Enrollment website (ucnet.universityofcalifornia.edu/oe) to get all the details. If you decide to make changes to your dental or legal plan, submit a UBEN 100 form (available at ucal.us/UBEN100) before 5 p.m., Tuesday, November 24.
PLAN CHANGES FOR 2016

ONEEXCHANGE MEDICAL BENEFITS PROGRAM

For your medical insurance, UC provides a Medicare Coordinator Program, administered by OneExchange, for you and other UC retirees and their families who live outside California if the entire family is Medicare-eligible. This program offers:

- Choice: more local plans, including Kaiser, where available
- Value: plans to fit every budget
- Flexibility: Each family member can elect a different plan to meet his/her needs.
- Personalized support from OneExchange

UC will provide an annual contribution under an HRA—health reimbursement arrangement—to help you pay for the Medicare plan you choose. Depending on your choice, there could be funds left in the HRA to cover additional out-of-pocket costs and Part B premiums. UC’s maximum contribution to the HRA for 2016 remains $3,000 per each covered Medicare member. The contribution is subject to graduated eligibility.

If you’re joining this program for the first time in 2016 and haven’t yet made an appointment with OneExchange, call them now at 855-359-7381 to be sure you’re enrolled in a new plan for 2016. You may enroll during your special enrollment period: Oct. 15–Dec. 31. Your UC group plan ends on Dec. 31, 2015. If you delay, you could be subject to medical underwriting which may affect your premium and/or coverage.

If you’re already enrolled through OneExchange you can change plans during the Medicare Open Enrollment period that is open now through Dec. 7, but any changes must be made through OneExchange. Review the information that was mailed to you by OneExchange. If you’re happy with the plan you have and it is offered for 2016, you don’t need to take any action.

DENTAL PLANS

There are no plan changes for Delta Dental PPO.

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. If you are subject to graduated eligibility, you may pay a portion of the premium.

VISION PLAN

The Vision Service Plan is open for enrollment to retirees this year.

Premiums will not change in 2016.

One benefit enhancement for 2016: the frame allowance increases from $130 to $160.

Eligible retirees will receive a mailing from VSP. To enroll yourself and your eligible dependents, complete and mail the VSP enrollment form in the postage-paid envelope, contact VSP directly at 866-240-8344, or visit the website at vsp.com/go/retirees.

VISION PLAN COSTS

You may choose quarterly or annual payments.

<table>
<thead>
<tr>
<th></th>
<th>Quarterly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td>$35.97</td>
<td>$143.88</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$68.61</td>
<td>$274.44</td>
</tr>
<tr>
<td>Retiree + Adult:</td>
<td>$67.98</td>
<td>$271.92</td>
</tr>
<tr>
<td>Retiree + Family:</td>
<td>$84.00</td>
<td>$336.00</td>
</tr>
</tbody>
</table>
IMPORTANT NOTICES

ARAG LEGAL PLAN

The ARAG Legal plan is open for enrollment this year. The expanded identity theft protection coverage continues in 2016. A certified identity theft restoration specialist will work with you to restore your credentials. The program includes:

- Lost wallet services
- Identity theft insurance
- Credit monitoring
- Internet surveillance to see if your personal information is being traded or sold online

In 2016, the plan will remove the limitation of one claim per item per the benefit year.

Plan premiums will not increase.

LEGAL PLAN MONTHLY COSTS

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Self+Children</th>
<th>Self+Adult</th>
<th>Self+Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$10.02</td>
<td>$13.78</td>
<td>$13.78</td>
<td>$15.03</td>
</tr>
</tbody>
</table>

AIG BENEFIT SOLUTIONS AD&D

There are no plan changes, and the annual cost is not increasing. If you want to enroll or de-enroll in AD&D, call 800-772-7863.

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>$15.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>$25,000</td>
<td>$37.50</td>
<td>$50.00</td>
</tr>
<tr>
<td>$50,000</td>
<td>$75.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>$250,000*</td>
<td>$375.00</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

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

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996) NOTIFICATION FOR DENTAL AND VISION ELIGIBILITY

If you are declining enrollment for yourself or your eligible family members because of other insurance or group medical plan coverage, 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 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 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 a marriage or domestic partnership, birth, adoption, or placement for adoption, you may be eligible to enroll your newly eligible family member. 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 coverage from UC but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage. For details, see the Notice provided in UC’s Open Enrollment booklet or call the UC Retirement Administration Service Center. You may also contact the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services at www.cms.gov or 1-877-267-2323, ext. 61565.

IF YOU DO NOT ENROLL YOURSELF AND/OR YOUR FAMILY MEMBER(S) IN COVERAGE WITHIN THE 31 DAYS WHEN FIRST ELIGIBLE, WITHIN THE 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 member will need to complete a waiting period of

* 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 in the participation terms and conditions.
90 consecutive calendar days before coverage becomes effective, or 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 (1-800-888-8267).

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

FAMILY MEMBER ELIGIBILITY VERIFICATION

UC now requires all 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 2016 you will receive a packet of materials from Secova, Inc., the eligibility verification administrator, 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. More information about the verification process is available online at ucal.us/fmv.

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 their 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, 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, 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:

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 Blue Shield of California and Optum Behavioral Health, 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, NEGLECTFULLY 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. As a participant in UC-sponsored plans, you are subject to the following terms and conditions:

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 their contracted responsibilities and services 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 notice must be provided to UC within 60 days of the family member’s loss of coverage. 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.
ARE YOU COVERED?

2016 Open Enrollment
Retirees in Medicare
Outside of California
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 their 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 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.