ARE YOU COVERED?

2016 Open Enrollment
For Retirees

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

☐ Review this booklet and the Open Enrollment website (ucnet.universityofcalifornia.edu/oe) to help you make your benefit choices for 2016.

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

☐ If you have no changes for 2016, you don’t need to do anything.

☐ 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 12 for contact information.

☐ Go online beginning Thursday, October 29 to ucnet.universityofcalifornia.edu/oe, select the AYS Online button and sign in to your account to make your elections by Tuesday, Nov. 24, 5 p.m.

☐ Medicare members who change medical plans must complete additional paperwork and submit it by Dec. 7, 2015.

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 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 2016 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, 2015 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 7 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.
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:

• Watch benefit videos (ucnet.universityofcalifornia.edu/oe) to learn more about how your benefits work. You can also view a comparison of our non-Medicare medical plans, get a better understanding of medical insurance terms and review tips on using your plan wisely.

• Get an overview of enhancements and other changes to your medical and other benefits coverage on pages 5-6.

• See your 2016 premiums on pages 8-9. If you are subject to graduated eligibility, learn how to find your premiums on page 6.

• 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 are no rate changes in 2016.

• Visit the Open Enrollment website to get all the details. Then, beginning Thursday, Oct. 29, log on to AYS Online and make your changes by 5 p.m., Tuesday, Nov. 24. If you are satisfied with your current plan choices, there’s no need to re-enroll.
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
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; 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.

WE HAVE TOOLS TO HELP YOU MAKE THE MOST OF YOUR BENEFITS.

UCNET.UNIVERSITYOFCALIFORNIA.EDU/OE
PLAN CHANGES FOR 2016

MEDICAL PLANS
All UC's current medical plans will be available in 2016. You can get more details about both Medicare and non-Medicare plans on the UCnet Open Enrollment website (ucnet.universityofcalifornia.edu/oe). If you’re considering changing to a new plan, the website has videos and tools to help you choose.

This page highlights some of the plan changes for 2016. More details are available on the Open Enrollment website.

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.

For non-Medicare plans:
• 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. Regular prescription drug co-pays will apply when obtained at a Kaiser pharmacy. (No change from last year.)
• 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.

For Medicare Plans:
• The Blue Shield Medicare without Prescription Drug Plan will now cover travel vaccines both in and out of network – regular co-insurance and deductibles apply when delivered in a doctor’s office or pharmacy.
• Blue Shield Medicare PPO and High Option Supplement to Medicare will now cover travel immunizations that are not covered by Medicare. If received in a medical office, Blue Shield Medicare PPO member responsibility is 20 percent and High Option will cover in full after the deductible. If received at a pharmacy, regular prescription drug co-payments apply for both plans.
• Health Net Seniority Plus will now cover travel vaccines in full.
• Kaiser Senior Health Advantage will continue to cover travel immunizations received in a Kaiser medical office in full and regular prescription drug co-pays will apply when obtained at a Kaiser pharmacy. (No change from last year).

OTHER CHANGES BY PLAN
NON-MEDICARE
Blue Shield Health Savings Plan
The 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 from $6,650 to $6,750; the HSA limit for individuals remains at $3,350.

Core
The plan will add coverage for applied behavioral health (ABA) services to support autism care, as well as “Oncology Practice of the Future” to ensure comprehensive cancer care for its members.

Health Net Blue & Gold
It will add the “Quit for Life” telephonic behavioral 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
UC Care added more Ambulatory Surgical Centers (ASC) providers in the UC Select tier at a $100 co-pay.

MEDICARE
Health Net Seniority Plus
The plan will add the “Quit for Life” telephonic behavioral coaching program as part of its smoking cessation program. The Omada Prevent program for members with pre-diabetes will be expanded to target members at risk for heart disease.
**PLAN CHANGES FOR 2016**

**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.

**ARAG LEGAL PLAN**
The ARAG Legal plan is open for enrollment this year. Its 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.

Slight changes will be made to the legal plan benefits, which will result in fewer limitations and more benefit for certain services. For example, the limitation of one claim per benefit year per family will be eliminated.

2016 premiums will not change. See page 9 for rates.

**VISION SERVICE PLAN**
The Vision Service Plan is open for enrollment to retirees this year. Premiums in 2016 will not change. See page 9 for rates. 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. You may also contact VSP directly at 866-240-8344 or visit the website at: vsp.com/go/retirees.

**NAVIGATING ONLINE TOOLS**

**HOW TO FIND YOUR 2016 MEDICAL PLAN PREMIUMS**

If you receive the full UC contribution to medical plan premiums, you can find the 2016 rates on pages 8 and 9. You are eligible for the full 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 2016 premium in one of the following ways:

Visit ucnet.universityofcalifornia.edu/oe beginning Oct. 29 and select the AYS Online button. Then sign in to your personal account and follow the steps below. If you need help with your password, see “How to retrieve your password” at the right of this page.

- Choose “Open Enrollment” on the main menu under “Health & Welfare.” Your current medical plan with the 2015 premium will be displayed.
- If you want to see the 2016 premiums for other medical plans, select “Medical Plans” in the left-hand column. The plans for which you are eligible and their premiums will be displayed.

Use the Medical Plan Chooser (uc.chooser.pbgh.org) by following these steps:

- Review and accept the terms and conditions and select “Begin Now.”
- Then complete section 1 “Medical Plan Coverage.” You will be asked to enter your years of service/graduated eligibility. If you aren’t sure of your years of service/graduated eligibility percentage, check your address label on this booklet. The percent contribution is printed above your name. Enter this percentage.
- 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.
HOW TO RETRIEVE YOUR PASSWORD

You can view your current health and welfare plan enrollments and make changes during Open Enrollment online via the Open Enrollment website. You’ll need to select the AYS Online button and then sign in to your account using your username and password.

If you have forgotten your 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 At Your Service Online (AYSO) 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:

• Select the Open Enrollment icon and sign in to your personal account. Then choose the “Open Enrollment” link. Use the option in the left column to navigate through your Open Enrollment choices.

• When you are finished, select “Review & Confirm” to see all of the changes you’ve made. If you want to make additional changes, use the links in the left column. If you decide you don’t want the changes shown, simply sign off or return to the main menu.

• If you are satisfied with the 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., Tuesday, Nov. 24.

HEALTH CARE FACILITATORS

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.

Below is contact information for UC’s health care facilitators:

BERKELEY
510-664-9000, option 3

LAWRENCE BERKELEY NATIONAL LABORATORY
510-486-6997

DAVIS
530-752-4264 (Campus)
916-734-8880 (Medical Center)

IRVINE
949-824-9065

LOS ANGELES
310-794-3057

MERCED
209-228-2363

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
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 2016 premiums, see page 6. Your plan cost appears as a deduction on your UCRP benefit direct deposit 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>
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<tbody>
<tr>
<td>Blue Shield Medicare PPO</td>
<td>$25.27</td>
<td>$50.54</td>
<td>$75.81</td>
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<tr>
<td></td>
<td>$0.00</td>
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<td>Blue Shield Medicare PPO without Prescription Drugs</td>
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<td>$0.00</td>
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<tr>
<td></td>
<td>$104.90</td>
<td>$209.80</td>
<td>$314.70</td>
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<tr>
<td>Health Net Seniority Plus</td>
<td>$38.09</td>
<td>$76.18</td>
<td>$114.27</td>
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<tr>
<td></td>
<td>$0.00</td>
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<td>$0.00</td>
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<tr>
<td>High Option Supplement to Medicare</td>
<td>$139.44</td>
<td>$278.88</td>
<td>$418.32</td>
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<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Kaiser Permanente/Senior Advantage</td>
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<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td></td>
<td>$89.19</td>
<td>$178.38</td>
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### WHEN ONE OR MORE FAMILY MEMBERS ARE NOT MEDICARE ELIGIBLE

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<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>
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</thead>
<tbody>
<tr>
<td>Core/Blue Shield PPO</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Core/Blue Shield PPO</td>
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<td>$104.90</td>
<td>$133.39</td>
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<tr>
<td>Health Net Blue &amp; Gold/Seniority Plus</td>
<td>$303.59</td>
<td>$201.93</td>
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<td>$240.01</td>
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<td>Health Net Blue &amp; Gold/Seniority Plus</td>
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<tr>
<td>Kaiser Permanente/Senior Advantage</td>
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<td>Kaiser Permanente/Senior Advantage</td>
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<tr>
<td>UC Care/Blue Shield PPO</td>
<td>$379.97</td>
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<td>$608.67</td>
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<tr>
<td>UC Care/Blue Shield PPO</td>
<td>$0.00</td>
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### ARAG LEGAL PLAN MONTHLY COSTS*

<table>
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<tr>
<th></th>
<th>S</th>
<th>+C</th>
<th>+A</th>
<th>+F</th>
</tr>
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<tbody>
<tr>
<td>Retiree</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Retiree+Children</td>
<td>$13.78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree+Adult</td>
<td>$13.78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree+Family</td>
<td>$15.03</td>
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</table>

### VISION PLAN*

<table>
<thead>
<tr>
<th>Vision Plan Monthly Costs</th>
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</thead>
<tbody>
<tr>
<td>Retiree Only</td>
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<tr>
<td>Retiree + Child(ren)</td>
<td>$22.87</td>
</tr>
<tr>
<td>Retiree + One Adult</td>
<td>$22.66</td>
</tr>
<tr>
<td>Retiree+Family</td>
<td>$28.00</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>
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<th>Self+Spouse/Domestic Partner</th>
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<tbody>
<tr>
<td>$10,000</td>
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<td>$20.00</td>
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<td>$50,000</td>
<td>$75.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>$100,000</td>
<td>$150.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>$250,000**</td>
<td>$375.00</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

* The cost is not increasing.

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

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

If you are eligible to enroll in Medicare in 2016 and are eligible for retiree health insurance, 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. Most plans do not allow you to change plans mid-year simply because you have become eligible for Medicare.

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, available on the UCnet website or from the UC Retirement Administration Service Center.

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). You’ll be automatically transferred into the Medicare version or applicable partner plan when you turn 65.

If you’re enrolled in Blue Shield Health Savings Plan or Western Health Advantage, which don’t have corresponding Medicare plans, you have a 31-day Period of Initial Eligibility (PIE) to enroll in a new plan when you turn 65.

If you have some family members in Medicare and some not in Medicare, you must enroll in a plan that has a Medicare partner plan.

NON-MEDICARE PLANS | PARTNER MEDICARE PLANS
--- | ---
UC Care | Blue Shield Medicare PPO
Blue Shield Medicare PPO without Prescription Drugs*

Blue Shield Health Savings Plan | Not available

Core | Blue Shield Medicare PPO
Blue Shield Medicare PPO without Prescription Drugs

Health Net Blue & Gold HMO | Health Net Seniority Plus

Kaiser Permanente CA | Kaiser Permanente Senior Advantage

Western Health Advantage (WHA) | Not available

Not applicable | High Option Supplement to Medicare

* This plan requires you to be enrolled in a non-UC Medicare Part D plan. UC may ask you for proof of enrollment.

ONEEXCHANGE PROGRAM FOR MEDICARE RETIREES 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 Account which you use to buy your own Medicare plan. 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, UC will notify you and explain the actions you will need to take. Read more about the OneExchange Medicare Coordinator on the Open Enrollment website (ucnet.universityofcalifornia.edu/oe).
TRANSITIONING FROM ONE PLAN TO ANOTHER

If you choose to enroll in a different medical plan for 2016 and you or a family member are scheduled for surgery, another medical procedure or continuing treatment in late 2015, call the new plan and ask how they 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 who are 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 website for your current and new plans for information on how to take all the right steps so that you’re covered.

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 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.

VERIFYING NON-MEDICARE COVERAGE TO IRS

A new IRS regulation requires that non-Medicare 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 retirees whose medical plans do not have Social Security numbers for covered family members have received letters with instructions on how to supply the missing information and an explanation as to why UC is making the request.

Early in 2016, you will receive IRS Form 1095 which is filed by UC with the IRS. This form provides information to the IRS regarding whether you were offered coverage in UC’s non-Medicare medical plans and whether you enrolled yourself and/or your eligible family members in that coverage. You should keep this form for your records.

ARE YOUR BENEFICIARY DESIGNATIONS 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 benefits online by signing in to your personal account on the UCnet website. While you’re making Open Enrollment changes, check to see if your beneficiaries and their contact information are 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), if you’re enrolled in the Blue Shield Health Savings Plan. To name beneficiaries for your Retirement Savings Program plans, log in to ucfocusonyourfuture.com. Then select “My Account” and then “Update Beneficiaries.” To name a beneficiary for your HSA, call Health Equity 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 if you need coverage information for a specific condition, service area or plan provider.

MEDICAL PLAN CARRIERS

BLUE SHIELD HEALTH SAVINGS PLAN
BLUE SHIELD MEDICARE PPO
BLUE SHIELD MEDICARE PPO WITHOUT PRESCRIPTION DRUGS
855-339-9973 blueshieldca.com/uc

CORE
855-339-9973 blueshieldca.com/uc

HIGH OPTION SUPPLEMENT TO MEDICARE
855-201-8375 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

KAISER PERMANENTE–SENIOR ADVANTAGE
800-443-0815 my.kp.org/ca/universityofcalifornia

UC CARE
855-702-0477 (domestic)
800-60004040 (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

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

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

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

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 Optum—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.
**UNIVERSITY OF CALIFORNIA HEALTHCARE PLAN NOTICE OF PRIVACY—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 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, 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.

**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.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:

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
TERMS AND CONDITIONS

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, NEGLIGENCE 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.

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
1-877-267-2323 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
(1-800-888-8267).

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.
ARE YOU COVERED?

2016 Open Enrollment
For Retirees

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.