

Open Enrollment Information

- Getting help
- Things to consider
- Important notices

GETTING HELP

Call the plan directly if you need coverage information for a specific condition, service area or plan provider. For easy access to updates and information, register for an online account with your medical plan.

MEDICAL PLANS

CORE, UC CARE, UC HEALTH SAVINGS PLAN

Anthem Blue Cross

844-437-0486 (Anthem Health Guide)
ucppoplans.com

Navitus Health Solutions (Pharmacy)

866-270-3877
medicarerx.navitus.com

KAISER PERMANENTE HMO– CALIFORNIA

800-464-4000 (current members)
800-324-9208 (pre-enrollment)
my.kp.org/universityofcalifornia

Optum Behavioral Health

888-440-8225
liveandworkwell.com, enter 11280

UC BLUE & GOLD HMO

Health Net

800-539-4072
healthnet.com/uc

MHN Behavioral Health

800-663-9355
healthnet.com/uc

OTHER CARRIERS

AUTO, HOME & RENTER

California Casualty

Agriculture & Natural Resources,
Berkeley Lab, Hastings, Office of
the President, UCLA, UCSF
866-680-5143
calcas.com/uc

Farmers Insurance ChoiceSM

Berkeley, Davis, Irvine, Merced,
Santa Barbara, Santa Cruz,
San Diego, Riverside
866-700-3113
ucpp.ucop.edu/current-partners/
farmerinsurancechoice

Sponsored by UC Partnership Programs

CHILD AND ELDER CARE

Bright Horizons Care Advantage

clients.brighthorizons.com/
universityofcalifornia

DENTAL

DeltaCare[®] USA (Dental HMO)

800-422-4234
deltadentalins.com/uc

Delta Dental PPO

800-777-5854
deltadentalins.com/uc

DISABILITY

Lincoln Financial

800-838-4461
mylincolnportal.com

If you or your covered family members have Medicare or will become eligible for Medicare in the next 12 months, you should understand which of UC's plans are considered "creditable coverage" under Medicare Part D (prescription drug) rules. Please see pages 7-10 for details.

GETTING HELP

FLEXIBLE SPENDING ACCOUNTS (FSA), COBRA

WEX Health
844-561-1338
uc-fsa.com

HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity
866-212-4729
healthequity.com/uc

LEGAL

ARAG
800-828-1395
araglegal.com/ucinfo

LIFE AND AD&D

Prudential
800-524-0542

PET

Nationwide
877-738-7874
petinsurance.com/uc

SUPPLEMENTAL HEALTH PLANS

UC Plus (Aflac)
888-212-7201
ucplus.com

VISION

Vision Service Plan
866-240-8344
vsp.com

HEALTH CARE FACILITATORS

Your Health Care Facilitator (HCF) is here to help you better understand and use your UC benefits. Learn more, and find contact information for your location, at ucal.us/hcf.

UCPATH

855-982-7284, Monday – Friday, 8 a.m. – 6 p.m. (PT)
ucpath.universityofcalifornia.edu

THINGS TO CONSIDER

IF YOU OR A FAMILY MEMBER BECOME ELIGIBLE FOR MEDICARE IN 2022

If you continue working at UC past age 65 and you have a UC-sponsored employee medical plan, you are not required to sign up for Medicare Parts A, B or D. Any family member covered by your employee plan, with the exception of your domestic partner in some cases, who becomes eligible for Medicare may also defer signing up for Medicare. Domestic partners covered by a UC medical plan are advised to contact the Social Security Administration to determine if they are eligible to defer enrollment into Medicare without incurring a penalty. They may be able to defer signing up for Medicare under their employer plan.

If you and/or any covered family members lose eligibility for the UC-sponsored employee plan, you and/or your Medicare-eligible family members should immediately enroll in Medicare or another employer group health plan to avoid any penalties from the Centers for Medicare and Medicaid Services (CMS).

RETIRING IN 2022?

If you plan to retire in 2022 and take a monthly retirement benefit, are eligible for retiree health insurance and expect to enroll in Medicare during the year, think carefully about the UC medical plan you choose during Open Enrollment. The choice you make will affect which Medicare plan you're transferred into when you turn 65. Consider whether the Medicare version of your current medical plan offers the benefits you may want and whether your primary care physician (PCP) or primary medical group (PMG) accepts Medicare. If not, Open Enrollment is the time to change plans.

IF ENROLLED IN	YOU'LL TRANSFER TO THIS MEDICARE PLAN (WHEN/IF ELIGIBLE)
CORE/UC Care	UC Medicare PPO
Kaiser Permanente HMO	Kaiser Permanente Senior Advantage
UC Blue & Gold HMO	UC Medicare Choice
UC Health Savings Plan	Period of Initial Eligibility (PIE) to enroll in UC-sponsored Medicare plans in your service area

Unless you are enrolled in UC Health Savings Plan (which doesn't have a corresponding Medicare plan), you can't change plans mid-year simply because you have become eligible for Medicare or have elected to retire. If you are enrolled in UC Health Savings Plan, you have a 31-day Period of Initial Eligibility (PIE) when

THINGS TO CONSIDER

you turn 65 to enroll in any of the UC-sponsored Medicare plans in your service area. Medicare can be complicated. If you plan to retire in 2022, read the Medicare Fact Sheet or the “Enrolling in Medicare” roadmap (ucal.us/medicare) on UCnet to make sure you have the information you need (including when to enroll, what costs to expect and how to pay your premiums). The fact sheet and other Medicare assignment forms needed to continue your UC insurance can be obtained online or by calling the UC Retirement Administration Service Center at 800-888-8267, Monday – Friday, 8:30 a.m. to 4:30 p.m. (PT).

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 the Medicare Coordinator Program administered by Via Benefits at my.viabenefits.com/uc. Make sure to keep your address and other contact information current, so UC can reach out with important benefits information.

FAMILY MEMBER ELIGIBILITY VERIFICATION (FMEV)

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 2022 you will receive a packet of materials to complete the verification process. You must respond by the deadline shown on the letter or risk disenrollment of your newly enrolled family members from UC benefits.

As part of UC’s periodic review process, you may also be contacted for information to confirm the eligibility of your previously verified family members (including your spouse, domestic partner, step-child, grandchild/step-grandchild, legal ward or overaged disabled child).

UnifyHR administers the verification program for UC. More information about the verification process is available online at ucal.us/fmv.

TRANSITION-OF-CARE SUPPORT

If you choose to enroll in a new medical plan for 2022 and you or a family member has ongoing health care needs, you should understand how your plan change will affect your ability to continue with your current health care providers or proceed with planned care.

If you voluntarily change plans and your current plan is still being offered, your new plan is not required to provide transition-of-care assistance. You should verify that

your providers and facilities are part of your new plan network and will be accessible to you in the new year. Your costs for continuing care with your current providers after Jan. 1 will depend on the plan you select.

You should review your new plan information to understand your copays and/or coinsurance, and any prior authorization requirements. Check the plan’s website for information on how to take the right steps so you’re covered (see pages 3-4 for contact information).

IMPORTANT NOTICES

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Medicare requires individuals enrolled in Medicare plans to have “creditable coverage” for prescription drugs. The required information below explains all options available.

MEDICARE PART D CREDITABLE AND NON-CREDITABLE COVERAGE UNDER UC-SPONSORED GROUP PLANS

Plans with Creditable Coverage

Kaiser Permanente Senior Advantage
 UC Medicare Choice
 UC Medicare PPO
 UC High Option Supplement to Medicare
 CORE
 Kaiser Permanente HMO
 UC Blue & Gold HMO
 UC Care
 UC Health Savings Plan

Plan with Non-Creditable Coverage

UC Medicare PPO without Prescription Drugs

WHAT DOES CREDITABLE COVERAGE MEAN?

If you are Medicare-eligible and enrolled in 2022 in Kaiser Permanente Senior Advantage, UC Medicare Choice, UC Medicare PPO, UC High Option Supplement to Medicare, CORE, Kaiser Permanente HMO, UC Blue & Gold HMO, UC Care or UC Health Savings Plan, your prescription drug coverage is expected to pay out as much as the standard level of coverage set by the federal government under Medicare Part D. This qualifies as creditable coverage under Medicare Part D.

IMPORTANT NOTICES

WHAT DOES NON-CREDITABLE COVERAGE MEAN?

If you are Medicare-eligible and enrolled in UC Medicare PPO without Prescription Drugs, the plan is NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage.

You can keep your current coverage from UC Medicare PPO Plan without Prescription Drugs. However, because this coverage is non-creditable, you must have and maintain creditable prescription drug coverage from another, non-UC source. UC may ask you to verify your enrollment.

By enrolling in a non-UC prescription drug plan, you will receive help with your drug costs, as there is no prescription drug coverage under the UC Medicare PPO without Prescription Drugs plan. If you do not enroll in a Medicare drug plan when you are first eligible, you may pay a higher premium (a penalty) for a Medicare drug plan. When you make your decision about whether to choose the UC Medicare PPO without Prescription Drugs plan, you should take into account this plan's coverage, which does not include prescription drugs, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

If, in the future, you or a Medicare-eligible dependent terminate(s) or lose(s) Medicare Part D coverage and you go without coverage, you may be assessed a penalty. UC's evidence of creditable coverage will prevent you from incurring penalties charged by the federal government for late enrollment in Medicare Part D for up to 63 days if you decide to re-enroll in a Medicare Part D plan.

You must enroll in Medicare Part D no more than 63 days after you or a Medicare-eligible dependent are eligible for Medicare Part D. In addition, if your Medicare Part D is terminated for any reason, you must re-enroll in a Medicare Part D plan within 63 days of the termination. In either scenario, anyone who fails to act within that time period will incur a late enrollment penalty of at least 1% per month for each month after May 15, 2006, that the person did not have creditable coverage or enrollment in Part D.

For example, if 23 months passed between the time a person terminated creditable coverage with UC and that person's enrollment in Medicare Part D, that person's Medicare Part D premium would always be at least 23% higher than what most other people pay. That person might also be required to pay a non-Medicare premium until UC can obtain Medicare approval of their Part D re-enrollment or wait until the following October, when the federal government conducts Open Enrollment for Medicare, in order to sign up for Medicare Part D prescription coverage.

If a person loses creditable prescription drug coverage through no fault of their own, that person may also be eligible for a Special Enrollment Period (SEP) to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

If you are eligible for UC-sponsored coverage, you can join a UC Medicare drug plan during a period of initial eligibility, UC's annual Open Enrollment period each fall or midyear if you lose other creditable coverage. If you are interested in non-UC insurance and are eligible for Medicare, you can join a non-UC Medicare drug plan each year from Oct. 15 to Dec. 7.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A NON-UC COMMERCIALLY AVAILABLE MEDICARE DRUG PLAN?

Each plan handles your decision to join a Medicare drug plan differently. UC offers one plan, the UC Medicare PPO without Prescription Drugs plan, that allows you to keep your current UC medical coverage and coordinate with Medicare for a non-UC drug plan. UC's other plans do not. Before you make a change, contact the UC Retirement Administration Service Center at 800-888-8267 to get information on how your current plan coverage will be affected by your decision to join a commercially available Medicare drug plan. More information about Medicare plans through UC can be found in the UC Medicare Fact Sheet (see ucnet.universityofcalifornia.edu/forms/pdf/medicare-factsheet.pdf).

Detailed information about non-UC commercially available Medicare Part D Plans can be found in the "Medicare & You" handbook. You'll get a copy of this handbook in the mail every year from Medicare. For more information about Medicare prescription drug coverage, visit medicare.gov.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

VIA BENEFITS

Plans obtained through Via Benefits are considered individual plans, and vary in offering creditable and non-creditable coverage for Medicare Part D. For more information about the type of coverage offered by your plan, visit my.viabenefits.com/uc.

IMPORTANT NOTICES

MORE INFORMATION

For more information about this notice or your current prescription drug coverage, contact the UC Retirement Administration Service Center at 800-888-8267. You may also find coverage details on UCnet at ucnet.universityofcalifornia.edu/compensation-and-benefits/health-plans/medical/medicare/.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775 or visiting hhs.gov/ocr/privacy/hipaa/complaints. You will not be retaliated against for filing a complaint.

LANGUAGE ASSISTANCE SERVICES FOR SELF-FUNDED PPO PLANS

English: Language assistance services, free of charge, are available to you. Call 1-877-437-0486 TTY Users Call 711.

Arabic: خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بالرقم 711. تي انصل ب

Armenian: Լեզվի օգնություն ծառայությունները մատչելի են ձեզ համար անվճար: Զանգահարեք 1-877-437-0486 TTY Users զանգահարեք 711:

Farsi: خدمات کمک به زبان برای شما رایگان است. با 711 شماره تلفن تماس بگیرید.

Hindi: भाषा सहायता सेवाओं, नः शुल्क, आपके लिए उपलब्ध हैं कॉल 1-877-437-0486 टीटीआई उपयोगकर्ता कॉल 711

Hmong: Cov kev pabcuam hauv kev txhais lus muaj rau koj dawb xwb. Hu rau 1-877-437-0486 TTY Cov Neeg Siv Hu Xov tooj 711.

Japanese: 言語支援サービスは無料でご利用いただけます。電話 1-877-437-0486 TTY ユーザーは711に電話をかける。

Khmer: សេ កម ជំនួយ ច្រក ន(ស ប័រ កេ យមីនតិ តែ ៗ ឡូស័ព មកេលខ 1-877-437-0486 អ កេ(្រើ TTY េ លេខ 711 ។

Korean: 언어 지원 서비스는 무료로 이용하실 수 있습니다. 전화 1-877-437-0486 TTY 사용자는 711에 전화하십시오.

Punjabi: ਸ਼ਾਸ਼ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਮੁਫਤ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ 1-877-437-0486 ਟੀ ਟੀ ਆਈ ਉਪਭੋਗਤਾ ਕਾਲ 711 'ਤੇ ਕਾਲ ਕਰੋ.

Russian: Языковые услуги предоставляются вам бесплатно. Вызов 1-877-437-0486 Пользователи TTY Вызов 711.

Spanish: Los servicios de asistencia lingüística están disponibles gratuitamente. Llame al 1-877-437-0486 Usuarios de TTY Llame al 711.

Tagalog: Ang mga serbisyo ng tulong sa wika ay libre sa iyo. Tumawag sa 1-877-437-0486 Mga gumagamit ng TTY Tumawag sa 711.

Thai: มีบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย โทร 1-877-437-0486 ผู้ใช้ TTY โทร 711

Chinese: 免费提供语言援助服务。致电 1-877-437-0486 TTY 用户致电 711。

Vietnamese: Các dịch vụ hỗ trợ ngôn ngữ có sẵn cho bạn miễn phí. Gọi số 1-877-437-0486 Người sử dụng TTY Gọi số 711.

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.

IMPORTANT NOTICES

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

The University of California offers various health care 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.

UC’s Self-Funded Plans for 2022 include: Delta Dental PPO, CORE, UC Care, UC Health Savings Plan, UC High Option Supplement to Medicare, UC Medicare PPO and UC Medicare PPO without Prescription Drugs.

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 to reflect the current health care plan options effective Jan. 1, 2022.

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).

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 or 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.html) for a list of states that currently provide premium assistance. The list is effective as of July 31, 2021, and includes contact information.

To see if any more states have added a premium assistance program since July 31, 2021, 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
877-267-2323, Menu Option 4, Ext. 61565

IMPORTANT NOTICES

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

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 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.

