

# Take a fresh look at your benefits

## OPEN ENROLLMENT HIGHLIGHTS

- Redesigned Open Enrollment website ([ucal.us/oe](https://ucal.us/oe)) — Check out this year's choices and changes.
- New pharmacy benefit manager for some UC plans — Learn what you'll need to know.
- New deadline – Enroll or make changes by **Friday, November 19 at 5 p.m.**

# WHAT'S CHANGING FOR 2022

UC continues to offer the same Medicare and non-Medicare plans this year, along with dental, vision and legal insurance coverage for retirees.

Look inside for a comparison of UC's Medicare plans and their costs. Check out this year's choices and changes for Medicare and non-Medicare plans at [ucal.us/oe](http://ucal.us/oe).

## MEDICAL

The UC medical plans administered by Anthem will have a new pharmacy benefit manager, Navitus Health Solutions (Navitus). If you're considering any of the Anthem plans, go to [ucal.us/oe](http://ucal.us/oe) to learn more about the change. You can also call the Navitus 24/7 customer care line with questions:

**UC Medicare PPO, UC High Option Supplement to Medicare:** 866-270-3877

**UC Care, UC Health Savings Plan, CORE:** 855-673-6504

## OTHER BENEFITS

There are no changes to dental or vision benefits this year, and no changes to vision premiums. Dental insurance will continue to be fully paid by UC for retirees eligible for the full UC contribution.

Legal insurance premiums are not increasing. Changes for 2022 include enhanced family services (such as child support and alimony enforcement and child support modification) and increased general office hours.

See page 4 of the enclosed Open Enrollment information booklet for more information and 2022 premiums.

## Your open enrollment checklist:

If you don't want to make any changes, **you don't need to take any action**. Your current insurance coverage will continue, but your medical costs may change.

Review your choices at [ucal.us/oe](http://ucal.us/oe). Then make your elections on UCRAYS by Friday, November 19 at 5 p.m.

- For Medicare members changing medical plans**  
**To complete your enrollment, you must send in the Medicare assignment forms for your new plan.**  
The forms you need will be included with your Open Enrollment confirmation statement — sent to you through UCRAYS or by mail (if you don't have a UCRAYS account). Each person you enroll must complete their own form, due to UC by **Monday, Nov. 22, 2021**.
- Enroll in pet, retiree vision and/or accidental death & dismemberment (AD&D) insurance**  
Please contact Nationwide (pet), Vision Service Plan (vision) or Prudential (AD&D) directly. Pet insurance and AD&D are open for enrollment year-round. See booklet for this year's premiums and contact information.
- Can't get to a computer?**  
Call the UC Retirement Administration Service Center at 800-888-8267 Mon.–Fri., 8:30-4:30 and select option 2 to speak with an Open Enrollment representative.
- UC Retirement Administration Service Center assistance for people with speech or hearing impairments**  
Please call 711 and provide the UC Retirement Administration Service Center telephone number (800-888-8267) to receive assistance.

# COMPARING UC'S PLANS

## ABOUT UC'S MEDICARE PLANS

- All plans cover a “Welcome to Medicare” preventive visit and annual wellness visit at no cost to you, and include additional benefits not covered by Medicare.
- You can see any provider in an emergency.

	<b>KAISER SENIOR ADVANTAGE</b>	<b>UC MEDICARE CHOICE</b>
<u>ADMINISTRATOR</u>	<b>Kaiser Permanente</b>	<b>United Healthcare</b>
<u>HOW THE PLAN WORKS WITH MEDICARE</u>	<b>Medicare Advantage Plan</b> Medicare pays your insurance company a set amount and the insurance company approves and pays for your care.	
<u>WHERE YOU GO FOR CARE</u>	<b>Kaiser network providers only</b>	<b>Providers or facilities that accept Medicare and the plan</b>
<u>WHAT YOU AND THE PLAN PAY FOR MEDICARE COVERED SERVICES</u>	<b>Lower premium</b> You pay set copays, and the plan pays the rest	<b>Lower premium</b> You pay set copays, and the plan pays the rest
<u>WHAT YOU NEED TO KNOW</u>	Your Kaiser primary care provider manages your care	Confirm provider will bill UnitedHealthcare on your behalf

- For covered medical services, you'll never pay more than \$1,500 a year (or \$1,050 for UC High Option Supplement to Medicare). This is known as the annual out-of-pocket maximum and it does not include costs for prescription drugs.

For details about each plan's benefits and costs, visit [ucal.us/oemedicarecompare](http://ucal.us/oemedicarecompare) (Medicare plans) or [ucal.us/oecompare](http://ucal.us/oecompare) (non-Medicare plans).

UC HIGH OPTION	UC MEDICARE PPO	UC MEDICARE PPO WITHOUT RX
<b>Anthem Blue Cross (Medical)</b> <b>Navitus (Prescription Drugs)</b>		<b>Anthem Blue Cross</b>
<b>Medicare Supplement PPO</b> Your provider submits claims to Medicare for the services that are covered and approved by Medicare. Your UC plan pays some or all of the remaining cost based on the Medicare-allowed amount.		
<p style="text-align: center;"><b>Providers or facilities that accept Medicare</b></p>		
<b>Highest premium</b> After Medicare pays, the plan covers 100% of remaining costs for Medicare-covered services	<b>Higher premium</b> After Medicare pays, the plan covers 80% of remaining costs and you pay the rest	<b>Lower premium</b> <ul style="list-style-type: none"> <li>• No Part D (Rx) coverage</li> <li>• After Medicare pays, the plan covers 80% of remaining costs and you pay the rest</li> </ul>
		You must provide proof of non-UC Part D coverage to enroll

# YOUR MONTHLY MEDICAL PREMIUM COSTS

These monthly costs apply to retirees eligible for 100% of the UC/employer contribution toward the premium for each plan. You are eligible for the full 100% 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% of the UC contribution, your costs may be higher than those listed here. You can find your 2022 premium costs on UCRAYS during Open Enrollment.

It is important to compare your 2022 premium costs before making a decision to stay with your current plan or make a change.

<b>WHEN ALL FAMILY MEMBERS ARE IN MEDICARE</b>		
<b>S</b> Self in Medicare	<b>+A or +C</b> Both in Medicare	<b>+F</b> All in Medicare
<b>Kaiser Permanente Senior Advantage (Kaiser)</b>		
\$0.00 \$70.24	\$0.00 \$140.48	\$0.00 \$210.72
<b>UC High Option Supplement to Medicare (Anthem)</b>		
\$204.12 \$0.00	\$408.24 \$0.00	\$612.36 \$0.00
<b>UC Medicare Choice (UnitedHealthcare)</b>		
\$0.00 \$115.05	\$0.00 \$230.10	\$0.00 \$345.15
<b>UC Medicare PPO (Anthem)</b>		
\$137.68 \$0.00	\$275.36 \$0.00	\$413.04 \$0.00
<b>UC Medicare PPO without Prescription Drugs (Anthem)</b>		
\$0.00 \$148.50	\$0.00 \$297.00	\$0.00 \$445.50

## Plan Cost Key

\$0.00	—	<b>Your Premium</b>
\$148.50	—	Medicare Part B Reimbursement

Medicare Part B reimbursement may apply if your premium cost is \$0.00. If applicable, UC will reimburse you based on a Medicare Part B premium of up to \$148.50 per person. Reimbursements vary and are added automatically to your monthly retirement payment.

**Note:** You must be current on your Medicare Part B premium payments to Social Security for this reimbursement.

**S:** Self    **+C:** Self Plus Child(ren)  
**+A:** Self Plus Adult                    **+F:** Self Plus Adult and Child(ren)

### WHEN ONE OR MORE FAMILY MEMBERS ARE NOT MEDICARE-ELIGIBLE

<b>+A</b> 1 Adult in Medicare	<b>+C</b> Adult in Medicare	<b>+F</b> 1 adult in Medicare	<b>+F</b> 2 Adults in Medicare
<b>CORE/UC Medicare PPO (Anthem)</b>			
\$0.00 \$148.50	\$0.00 \$134.14	\$0.00 \$148.50	\$3.54 \$0.00
<b>Kaiser Permanente/Senior Advantage (Kaiser)</b>			
\$167.49 \$0.00	\$66.93 \$0.00	\$304.66 \$0.00	\$0.00 \$3.31
<b>UC Blue &amp; Gold HMO (Health Net)/ UC Medicare Choice (UnitedHealthcare)</b>			
\$226.89 \$0.00	\$97.91 \$0.00	\$439.85 \$0.00	\$0.00 \$17.14
<b>UC Care/UC Medicare PPO (Anthem)</b>			
\$531.32 \$0.00	\$388.24 \$0.00	\$781.88 \$0.00	\$525.92 \$0.00

<b>NON-MEDICARE PLANS</b>			
<b>S</b>	<b>+C</b>	<b>+A</b>	<b>+F</b>
<b>CORE (Anthem)</b>			
\$0.00	\$0.00	\$0.00	\$0.00
<b>UC Health Savings Plan (PPO; Anthem)</b>			
\$99.48	\$179.09	\$218.86	\$298.47
<b>Kaiser Permanente – CA (HMO; Kaiser)</b>			
\$171.47	\$308.64	\$409.20	\$546.37
<b>UC Blue &amp; Gold HMO (Health Net)</b>			
\$266.20	\$479.16	\$608.14	\$821.10
<b>UC Care (PPO; Anthem)</b>			
\$313.20	\$563.76	\$706.84	\$957.40

<b>NON-MEDICARE PLANS AGE 65 AND OVER, NOT MEDICARE-ELIGIBLE</b>			
<b>S</b>	<b>+C</b>	<b>+A</b>	<b>+F</b>
<b>CORE (Anthem)</b>			
\$0.00	\$0.00	\$0.00	\$0.00
<b>UC Health Savings Plan (PPO; Anthem)</b>			
\$72.56	\$130.62	\$160.61	\$218.67
<b>Kaiser Permanente – CA (HMO; Kaiser)</b>			
\$71.91	\$129.43	\$160.27	\$217.79
<b>UC Blue &amp; Gold HMO (Health Net)</b>			
\$97.04	\$174.68	\$278.20	\$355.84
<b>UC Care (PPO; Anthem)</b>			
\$239.57	\$431.23	\$567.88	\$759.54

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. Health and welfare benefits are not accrued or vested benefit entitlements. See Open Enrollment booklet, pg. 19.





# Open Enrollment Information

- Getting help
- Other benefits costs
- 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, UC HIGH OPTION SUPPLEMENT, UC MEDICARE PPO, UC MEDICARE PPO WITHOUT RX**

#### **Anthem Blue Cross**

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

#### **Navitus Health Solutions (Pharmacy)**

866-270-3877  
medicarerx.navitus.com

## **KAISER PERMANENTE HMO**

### **Kaiser Permanente – California**

800-464-4000  
my.kp.org/universityofcalifornia

### **Optum Behavioral Health**

888-440-8225  
liveandworkwell.com, enter 11280

## **KAISER PERMANENTE SENIOR ADVANTAGE**

### **Kaiser Permanente – California**

800-464-4000  
my.kp.org/universityofcalifornia

## **UC BLUE & GOLD HMO**

### **Health Net**

800-539-4072  
healthnet.com/uc

### **MHN Behavioral Health**

800-663-9355  
healthnet.com/uc

## **UC MEDICARE CHOICE**

### **UnitedHealthcare**

866-887-9533  
UHCRetiree.com/uc

## NON-MEDICAL PLANS

## **ARAG LEGAL INSURANCE**

800-828-1395  
ARAGlegal.com/UCinfo

## **DELTA DENTAL**

### **DeltaCare USA DHMO**

800-422-4234  
deltadentalins.com/uc

### **Delta Dental PPO**

800-777-5854  
deltadentalins.com/uc

## **HEALTHEQUITY (HSA)**

866-212-4729  
healthequity.com/uc

## **NATIONWIDE PET INSURANCE**

877-738-7874  
petinsurance.com/uc

## **PRUDENTIAL (AD&D)**

800-778-3827

## **VISION SERVICE PLAN**

866-240-8344  
uc retirees.vspforme.com

**HEALTH CARE FACILITATORS**

For more information about Health Care Facilitators and the services they offer, visit [ucal.us/hcf](http://ucal.us/hcf)

**BERKELEY**

510-664-9000, option 3

**LAWRENCE BERKELEY  
NATIONAL LABORATORY**

510-486-4269

**DAVIS**

530-752-4264 or 530-752-7840

**IRVINE**

949-824-9065

**LOS ANGELES**

310-794-3057

**MERCED**

209-201-9236

**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

**UC RETIREMENT ADMINISTRATION  
SERVICE CENTER****PHONE**

800-888-8267, Monday–Friday,  
8:30 a.m. to 4:30 p.m. (PT)

**We apologize if our representatives are busy.** Please let us call you back!

If you call before 12 p.m. (PT) and a representative is not available to take your call, you can opt for a same-day callback at the number you indicate, and we will reserve your position in line.

**SECURE MESSAGE (EMAIL)**

Sign in to your UCRAYS account and select “Messages.”

**FAX**

800-792-5178

**MAIL**

UC Retirement Administration  
Service Center  
P.O. Box 24570  
Oakland, CA 94623-1570

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 8-10 for details.

# NON-MEDICAL BENEFITS COSTS

ARAG LEGAL PLAN MONTHLY COSTS	
Retiree Only	\$11.59
Retiree + Child(ren)	\$13.95
Retiree + One Adult	\$13.95
Retiree + Family	\$16.31

VISION SERVICE PLAN MONTHLY COSTS	
Retiree Only	\$11.12
Retiree + Child(ren)	\$21.22
Retiree + One Adult	\$21.03
Retiree + Family	\$25.98

**DENTAL PLAN COSTS**

UC continues to pay the full cost of dental coverage if you are eligible for 100% of UC's contribution. If not, for 2022, there will be a 4.96% premium increase for the DHMO plan; there is no premium change for the DPPO plan. Please sign in to your UCRAYS account to see the premiums that will apply to you.

ACCIDENTAL DEATH (AD&D) PLAN ANNUAL COSTS		
Coverage Amount	Self	Self+Spouse/Domestic Partner
\$10,000	\$11.80	\$17.40
\$25,000	\$29.50	\$43.50
\$50,000	\$59.00	\$87.00
\$100,000	\$118.00	\$174.00
\$250,000*	\$295.00	\$435.00

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

# THINGS TO CONSIDER

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

If you or a family member are enrolled in UC retiree health insurance and will become eligible to enroll in Medicare in 2022 with Part A premium-free, think carefully about the UC medical plan you choose during Open Enrollment. Your choice will affect the Medicare plan you're transferred into when you turn 65.

Some UC retiree medical plans have Medicare versions and some have corresponding partner plans. If your existing plan has a Medicare version or partner plan, you'll be transferred into that plan when you turn 65, once you enroll in Medicare, complete the required forms and Medicare has approved your enrollment form. It's a good idea to submit your completed Medicare assignment form to UC in the month prior to your requested effective date to ensure your enrollment.

Consider whether the Medicare version of your current medical plan offers the benefits you want and your Primary Care Physician (PCP) or Primary Medical Group (PMG) accepts Medicare. If not, Open Enrollment is the time to change plans.

**Unless you are enrolled in the UC Health Savings Plan, UC does 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 and could be split within the same county. To learn more, call the plan directly or visit its website. For Medicare information, read the Medicare Fact Sheet or "Enrolling in Medicare" on UCnet ([ucal.us/medicare](http://ucal.us/medicare)). You can find the fact sheet and other Medicare coordination forms needed to continue your UC insurance at [ucal.us/medicare](http://ucal.us/medicare) 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 ENROLLED IN	YOU'LL TRANSFER TO THIS MEDICARE PLAN (WHEN/IF ELIGIBLE)
CORE/UC Care (Anthem)	UC Medicare PPO (Anthem)
Kaiser Permanente HMO	Kaiser Permanente Senior Advantage
UC Blue & Gold HMO (Health Net)	UC Medicare Choice (UnitedHealthcare)
UC Health Savings Plan (Anthem)	Period of Initial Eligibility (PIE) to enroll in any UC-sponsored Medicare plans in your service area

# THINGS TO CONSIDER

If you are enrolled in UC Health Savings Plan, which doesn't have a corresponding Medicare plan, you have a 31-day Period of Initial Eligibility (PIE) when you turn age 65 to enroll in any of the UC-sponsored Medicare plans in your service area:

- Kaiser Permanente Senior Advantage
- UC High Option Supplement to Medicare<sup>1</sup> (Anthem Blue Cross)
- UC Medicare Choice (UnitedHealthcare)
- UC Medicare PPO (Anthem Blue Cross)
- UC Medicare PPO without Prescription Drugs<sup>1,2</sup> (Anthem Blue Cross)

If you did not pay into Social Security or paid less than 40 quarters (10 years of full-time employment), you may not be eligible for Medicare and will remain in your non-Medicare plan as a retiree. However, you must send UC a Medicare denial letter before you turn age 65 to continue your UC coverage and to avoid any late penalties (currently \$419.60/month). Contact Social Security to request this letter and find out whether you may be eligible for Medicare under a spouse, former spouse or deceased spouse.

## **MEDICARE COORDINATOR PROGRAM FOR MEDICARE RETIREES AND SURVIVORS OUTSIDE CALIFORNIA**

If you live outside California or are considering a move, and all covered members of your family are eligible for Medicare, UC has a special program for providing your medical benefits. In the Medicare Coordinator Program, administered by Via Benefits, UC provides you with an annual contribution to an account called a Health Reimbursement Arrangement (HRA), which you use to buy your own individual Medicare plan, including Kaiser if available. If you become eligible for this program, Via Benefits will notify you and explain the actions you will need to take. It is important to keep your address and other contact information current.

Read more about the Via Benefits Medicare Coordinator Program on the Open Enrollment website ([ucal.us/oe](http://ucal.us/oe)) or at [my.viabenefits.com/uc](http://my.viabenefits.com/uc). Call the UC Retirement Administration Service Center (800-888-8267) if you have any questions.

<sup>1</sup> You are eligible to enroll in this plan if you and all your covered family members are enrolled in Medicare.

<sup>2</sup> You are eligible to enroll in this plan only if you have a creditable group or individual prescription drug plan outside of UC; you must provide proof of enrollment.

## **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 spouse or domestic partner, grandchildren, step-children and legal wards.

UnifyHR administers the verification program for UC. More information about the verification process is available online at [ucal.us/fmv](http://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 and the providers' network affiliation at the time services are rendered.

You should review your new plan information to understand your copays and/or coinsurance, and any prior authorization requirements. Check the websites for your current and new plans for information on how to take the right steps so you're covered.

# 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.

## **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 mid-year if you lose other creditable coverage. If you are interested in non-UC

# IMPORTANT NOTICES

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 COMMERCIALY 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](http://ucnet.universityofcalifornia.edu/forms/pdf/medicare-factsheet.pdf)).

Detailed information about commercially available non-UC 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 [www.medicare.gov](http://www.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 [socialsecurity.gov](http://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 the plans vary in offering creditable coverage 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](http://my.viabenefits.com/uc).

## **MORE INFORMATION**

For more information about this notice or your current prescription drug coverage, contact 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](http://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](https://www.hhs.gov/ocr/privacy/hipaa/complaints).

## 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. 1-877-437-0486 اتصل بالرقم 711. تي اتصل ب

**Armenian:** Լեզվի օգնության 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 1-877-437-0486 TTY تماس بگیرید. 711 شماره تلفن

**Hindi:** भाषा सहायता सेवाओं, नि: 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:** សេវាជំនួយ ភាសា ឥត ថវិកា គឺ មាន ចំពោះ អ្នក ទាំងអស់ ។ ទូរស័ព្ទ មក លេខ 1-877-437-0486 ឬ ទូរស័ព្ទ TTY លេខ 711 ។

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

**Punjabi:** ਭਾਸ਼ਾ 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.

# IMPORTANT NOTICES

**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.

## **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](http://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.

### **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.

\* 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.

# IMPORTANT NOTICES

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](http://www.cms.gov) or 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 UC 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 (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.

In addition to the special enrollment rights you have under HIPAA, the University's Group Insurance Regulations (GIRs) permit you to change medical plans under certain other conditions. See UC GIRs for additional detail, available at [ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu).

## **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:

### **ARBITRATION**

With the exception of benefits provided or administered by Optum Behavioral Health, UC-sponsored medical plans require resolution of disputes through arbitration.

With regard to each plan, by your written or electronic signature, IT IS UNDERSTOOD AND YOU AGREE 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, NEGLIGENTLY 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.

With regard to enrollment in a Kaiser Foundation Health Plan (KFHP), you understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between yourself, your heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc., any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. You agree to give up our right to a jury trial and accept the use of binding arbitration. You understand that the full arbitration provision is contained in the Evidence of Coverage.

# IMPORTANT NOTICES

For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.

1. 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 the responsibilities and perform the service required under contracts with UC, 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.
2. 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)/designated bank account (direct payment 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.
3. 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.
4. 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.
5. 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.
6. 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 disenrolling 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 loss 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).

7. 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 disenrollment of the affected family members. Employees/retirees may also be subject to disciplinary action and disenrollment from health benefits and may be responsible for any cost of benefits provided and UC-paid premiums due to misuse of plan.
8. 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.)
9. 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.
10. 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.

# IMPORTANT NOTICES

## **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](http://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](http://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](http://www.dhcs.ca.gov/Pages/default.aspx) or email: [HIPP@dhcs.ca.gov](mailto: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](http://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 for each state listed.

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](http://www.cms.hhs.gov)  
877-267-2323, Menu Option 4, Ext. 61565

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.

