

new dimensions



2017 vendor changes for UC's Blue Shield medical plans

With Blue Shield of California's rate guarantees expiring, a UC work group of benefit professionals, faculty and staff evaluated other vendors through a formal request for proposal process. After a thorough review, UC has selected Anthem to replace Blue Shield as the claims administrator and network provider for the following UC plans:

- UC Care
- Health Savings Plan (HSP)
- Core
- Blue Blue Shield Medicare PPO
- Blue Shield Medicare PPO without prescription drugs
- High Option Supplement to Medicare

Anthem will also administer behavioral health benefits for these plans, replacing Blue Shield for the Medicare plans and Optum for the non-Medicare plans. Prescription drug benefits for these plans will be administered through Optum Rx.

Changes will be effective Jan. 1, 2017 and more details will be available in the fall.

Anthem is well-positioned to support UC as a long-term partner through a constantly changing health care landscape. Optum Rx is a pharmacy expert specializing in the delivery, clinical management and affordability of prescription medications and is the largest Medicare pharmacy provider in the U.S.

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Regents approve new retirement program for future UC employees

The UC Board of Regents in March approved a new retirement program for future UC employees proposed by President Napolitano, as part of a broader effort to maintain the university's excellence and sustain its long-term financial health.

The new retirement program will apply only to UC employees hired on or after July 1, 2016. Current retirees and employees are not affected by these changes because accrued pension benefits are protected by law and cannot be reduced or revoked.

The new program, which is consistent with the 2015 budget agreement with the state, will bolster the long-term financial stability of UC and its retirement program, while providing critical funding for many university priorities through savings generated by the plan and through additional funds UC will receive from the state.

Under the 2015 budget agreement, UC is receiving nearly \$1 billion in new annual revenue and one-time funding over the several years, including

\$436 million to help pay down UC's unfunded pension liability. As part of the agreement, UC is implementing a cap on the pensionable earnings of future employees, mirroring the limit on pension benefits for state employees under the 2013 California Public Employees' Pension Reform Act (PEPRA). The university expects to save on average \$99 million a year by implementing the pension cap, over half of which will go toward further paying down UC's unfunded liability."

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2016 cost-of-living adjustments announced

University of California Retirement Plan (UCRP) and UC-PERS Plus 5 Plan benefit recipients will receive a cost-of-living adjustment (COLA) effective July 1, 2016. The increase will appear in checks paid on July 31.

The 2016 COLA is based on the 2.72 percent average increase in the Consumer Price Index (CPI) measured February 2015 to February 2016 for the Los Angeles and San Francisco metropolitan areas.

The July 1, 2016 COLA rates for UCRP and UC-PERS Plus 5 Plan benefit recipients, including those receiving survivor and UCRP disability income are included in the table at the right.

UCRP benefit recipients are eligible to receive a COLA after receiving benefits for at least one year. Therefore, those members whose retirement or disability date is after July 1, 2015, are not yet eligible to receive a COLA.

How the COLA is calculated

The UCRP COLA formula generally matches the cumulative increase in the CPI up to 2 percent annually. This year, some groups of benefit recipients will receive a larger COLA than the 2 percent CPI increase. The larger COLA helps those UCRP benefit recipients retain more of their purchasing power by partially making up for earlier years of inflation greater than 2 percent that were not matched by the UCRP

Retirement Date	COLA
On or before July 1, 2006	2.00%
July 2, 2006 to July 1, 2008	2.72%
July 2, 2008 to July 1, 2009	2.69%
July 2, 2009 to July 1, 2010	2.31%
July 2, 2010 to July 1, 2011	2.30%
July 2, 2011 to July 1, 2013	2.72%
July 2, 2013 to July 1, 2014	2.67%
July 2, 2014 to July 1, 2015	2.00%

How the health reimbursement works in OneExchange

If you live outside of California and you are eligible for the Medicare Coordinator plan through OneExchange, you have access to a Health Reimbursement Arrangement (HRA). This is a UC-funded account that you can use to reimburse yourself for medical premiums and other qualified health care expenses on a tax-free basis.

To receive the HRA for each Medicare family member annually, you must be enrolled in a medical plan through OneExchange or Kaiser Permanente. If you enroll in a plan in any other way (such as through AARP or directly with the plan), you will not be eligible for an HRA. The amount of HRA that you receive will be based on your years of service with the University. For example, 20 years is the maximum \$3,000 HRA, pro-rated if less than 20 years.

Here's how it works.

- You pay the full premium directly to the insurance provider. You also pay your provider any required out-of-pocket expenses.
- You may submit claims for reimbursement online, by fax or through the mail. To receive reimbursement for your out-of-pocket expenses, such as insurance plan premiums,

Medicare Part B and D premiums, deductibles and copayments or prescription drugs, it is important for you to submit all supporting documentation with your claim directly to OneExchange. This may include premium statements, receipts and other documentation.

- OneExchange administers your account and will reimburse you from your HRA until all the available funds are exhausted. You can be reimbursed by direct deposit or by check.
- If you have a balance in your HRA at the end of the year, it will remain in your account and may be used to pay future medical expenses. You may not withdraw the funds for any other uses. If you submit a claim for reimbursement and your expenses exceed your funds for the current year, you will be reimbursed the following year by the next year's HRA funds. You must continue your plan enrollment through OneExchange for this to occur.

There are various ways to have health care expenses paid to you:

- Automatic Reimbursement of monthly insurance premiums. This allows you to obtain reimbursement for insurance

plan premiums without submitting a monthly claim form. Submit this form to have your monthly insurance plan premiums reimbursed to you automatically without filing a form each month. Not all medical plans offer this service, please check with OneExchange. Note: When first establishing your Automatic Reimbursement, there is some set-up time involved and most retirees won't receive their first reimbursement until the second month following the start of your plan. The first payment will usually include a reimbursement for the first two months, but then reimbursements will happen monthly. Some of the timing depends on your specific insurance carrier and when your policy was issued

- Recurring Claim Reimbursement. You can use the Recurring Premium Reimbursement option for your Medicare Part B premiums or for plans that do not offer Automatic Reimbursement. This option allows you to request recurring reimbursements on an annual basis. Premiums must be a fixed monthly amount and requests must be resubmitted each calendar year. Submit

this form at the beginning of each year to have your Medicare Part B premiums reimbursed after the first Tuesday of each month.

- Manual claim form. If you have not signed up for either of the above reimbursement methods, submit this form when you have any health care expense. If you have signed up for either the Annual Recurring Part B Reimbursement or Automatic Reimbursement of premiums, use this form for other non-premium-related out-of-pocket health care expenses.

You can access these forms via your OneExchange online account: <https://medicare.oneexchange.com/uc>. Go to "Funds & Claim" section and the "File claims and appeals" link. Select "Resource Center" tab, and under "Administrative Forms," choose the specific form.

For assistance with submitting your health care expenses or for more detailed information on how to sign up for the above reimbursement methods, call OneExchange at 1-855-359-7381, (option 3) Monday through Friday, 5 a.m. to 6 p.m. Pacific Time, and tell them you are a University of California retiree.



Medical plan satisfaction survey

UC wants to know what retirees think about their university-sponsored medical plans. Therefore, in 2016, UC will survey a random sample of retirees in all plans—both non-Medicare and Medicare plans.

Retirees who have university-sponsored non-Medicare plans have been randomly selected for a medical plan satisfaction survey that started in early April. Additionally, in late April, UC Benefits launched a Medical Plan Satisfaction Survey for retirees enrolled in UC-sponsored Medicare plans: Health Net Senior Advantage, Kaiser Seniority Plus, High Option and the Medicare PPO Plans.

Retirees and their spouses or domestic partners, who have been randomly selected to participate, received letters or emails with instructions about completing the survey. The survey includes questions about plan, customer service, doctor, specialist and prescription experiences in the last 6-12 months. The survey is conducted by the DSS Research Group, an independent survey research firm. All responses are anonymous and confidential.

Feedback will provide UC with valuable information about how your medical plans can serve you better.

Notice of Creditable Coverage

Prescription drug plan coverage is available to everyone with Medicare. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare.

Creditable Coverage

The University of California has determined that the prescription drug coverage offered in Blue Shield Medicare PPO, Blue Shield High Option Supplement to Medicare, Health Net Seniority Plus, Kaiser Permanente Senior Advantage, Blue Shield Health Savings Plan, Core, Health Net Blue & Gold, Kaiser Permanente, UC Care, and Western Health Advantage is considered Creditable Coverage. This means the prescription drug coverage in these plans is expected to pay on average at least as much as standard Medicare prescription drug coverage.

Non-Creditable Coverage

The University of California has determined that the Blue Shield Medicare PPO Plan Without

Prescription Drugs Plan is not considered Creditable Coverage. This Plan has no prescription drug coverage.

The Medicare Modernization Act imposes a late enrollment penalty on individuals who do not maintain “Creditable Coverage” for a period of 63 days or longer following their initial enrollment period for the Medicare Part D prescription drug benefit. The penalty will not become effective if the individual is still working and enrolled in the employer’s group health plan.

Medicare Part D prescription drug formulary

Each health plan has its own preferred list of Food and Drug Administration-approved generic and brand name drugs, called a prescription drug formulary. Medicare determines the classes of drugs that must be included in a Medicare Part D plan but the list of individual drugs may vary in each health plan formulary, and may change during the year because

drug therapies change, new drugs are released, new medical information becomes available, or as a result of Medicare Part D requirements. Call your health plan or check their website for formulary details.

Non-UC prescription drug plans

The annual Coordinated Election Period (ACEP) for Medicare Part D drug plans is from October 15 to December 7. You will only be able to join, and get coverage under one Medicare drug plan at a time. If you enroll in a non-UC Medicare prescription drug plan, you cannot continue to be covered in a UC-sponsored medical plan that has a Medicare Part D drug benefit. Before signing up for a non-UC sponsored Medicare Part D plan, please call the UC Retirement Administration Service Center (RASC) at 1-800-888-8267 (in U.S.), or 1-510-987-0200 (from outside the U.S.), Monday-Friday, 8:30 a.m.–4:30 p.m. PT, with any questions. Fax: 1-800-792-5178.

Regents approve new retirement program for future UC employees continued from page 1

Under the proposal approved by the regents, future employees will be offered a choice between two options:

Option 1—Pension + 401(k)-style supplemental benefit: The current UC pension benefit capped at the PEPR salary limit (currently \$117,020) plus a supplemental 401(k)-style benefit for eligible employee pay up to the Internal Revenue Service limit (currently \$265,000), or

Option 2—New 401(k)-style benefit: A new stand-alone 401(k)-style plan with benefits-eligible employee pay up to the Internal Revenue Service limit (currently \$265,000).

Maintaining a pension benefit—along with a 401(k)-style supplement (Option 1)—is important to attracting and retaining the caliber of personnel needed to maintain UC’s excellence, especially faculty

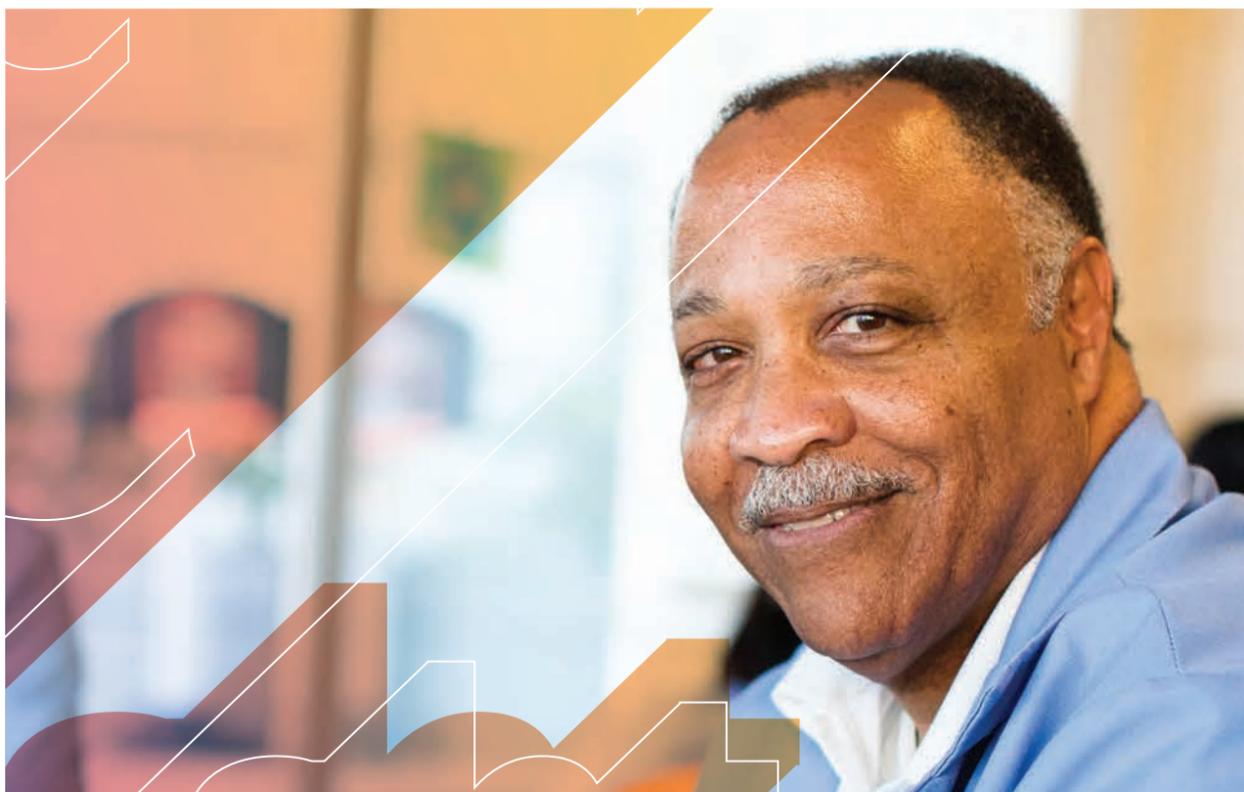
for whom the university often competes against elite private institutions that can often pay more than UC.

At the same time, UC’s workforce is highly diverse and people have different retirement needs and goals. The new stand-alone 401(k)-style retirement benefit (Option 2) may be attractive to employees who work at UC for only a few years and want a portable retirement benefit they

can take with them, and/or who prefer to personally manage their retirement savings.

The vast majority of future staff would not see any difference in their benefits compared to current employees. Based on current data, 79 percent of current employees would not be affected by the PEPR cap.

For more details, go to: <http://ucal.us/bjpnuD>



Dementia risk varies significantly among racial, ethnic groups

In the largest and longest study thus far of ethnic disparities in dementia risk, UCSF and Kaiser Permanente researchers compared six ethnic and racial groups within the same geographic population and found significant variation in dementia incidence among them.

The study, the first to look at dementia risk in a large population representing the diversity of the United States. Researchers found dementia incidence to be highest in African Americans and American Indian/Alaska Natives, lowest among Asian Americans, and intermediate among Latinos, Pacific Islanders and whites.

Using cumulative risk estimates, researchers projected that among those who reach age 65 dementia-free, 38 percent of African Americans, 35 percent of American Indians/Alaskan Natives, 32 percent of Latinos, 30 percent of whites, 28 percent of Asian Americans and 25 percent of Pacific Islanders would develop dementia in the next 25 years.

The study included more than 274,000 northern California members of Kaiser Permanente. The researchers used electronic health records covering patient visits over 14 years—from January 2000 through December 2013—to identify participants diagnosed with dementia, as well as their race and ethnicity. The dementia diagnoses were Alzheimer's, vascular dementia or non-specific dementia.

Even in the lowest risk groups in the study, the lifetime risk of developing dementia is high—in every racial and ethnic group, over one in four people who survive to age 65 can expect to be diagnosed with dementia in their lifetime, said the researchers.

The researchers emphasize that while this study documents racial and ethnic disparities in dementia, the next step is to understand the mechanisms driving these inequalities.

Read more: <https://www.ucsf.edu/news/2016/02/401576/landmark-study-finds-dementia-risk-varies-significantly-among-racial-and-ethnic>

New algorithm improves speed, accuracy of pedestrian detection

What if computers could recognize objects as well as the human brain could? Electrical engineers at UC San Diego have taken an important step toward that goal by developing a pedestrian detection system that performs in near real-time (2–4 frames per second) and with higher accuracy (close to half the error) compared to existing systems.

The technology, which incorporates deep learning models, could be used in “smart” vehicles, robotics and image and video search systems.

“We’re aiming to build computer vision systems that will help computers better understand the world around them,” said Nuno Vasconcelos, electrical engineering professor at the UC San Diego Jacobs School of Engineering who directed the research. A big goal is real-time vision, he says, especially for pedestrian detection systems in self-driving cars.

The new pedestrian detection algorithm developed by Vasconcelos and his team combines a traditional computer

vision classification architecture, known as cascade detection, with deep learning models.

The algorithm currently only works for binary detections tasks, such as pedestrian detection, but the researchers are aiming to extend the cascade technology to detect many objects simultaneously.

Read more: http://ucsdnews.ucsd.edu/pressrelease/new_algorithm_improves_speed_and_accuracy_of_pedestrian_detection

Doctors' reminders help keep people more engaged in their health care

A UCLA study finds that a simple note from a primary care doctor can be a critical way to keep patients involved in their own health care.

The research examined a growing national program that provides patients with easy online access to their doctors' notes about their appointments.

The program, OpenNotes, began in 2010, when 105 primary care physicians invited nearly 14,000 of their patients to view their electronic notes about their clinic visits. The initiative was intended to better engage patients in their own care and improve communication between patients and their doctors.

It turned out to be quite a success: Patients demonstrated better recall of their medical plans, felt more in control of their care and were more likely to take their medications. Doctors found that sharing their notes with patients had little negative impact on their workflow. Five years later, more than 5 million patients are participating in the OpenNotes movement. And recently, four nonprofits contributed a total of \$10 million to expand the program to 50 million patients.

Poor patient-doctor communication represents one of the biggest problems in our health care system,” said Dr. John Mafi, UCLA professor. “OpenNotes offers patients a way to remember their doctors' instructions, rationale for their care plan and any other critical information about their health. OpenNotes has the potential to empower patients to take charge of their health.”

Read more: <http://newsroom.ucla.edu/releases/doctors-reminders-help-keep-people-more-engaged-in-their-health-care>

Sacramento's moon rockets

Terri Pennello

Systems Analyst
UC Davis Medical Center



Retiring in 2014 allowed me the time to pursue my goal of preserving the history of Sacramento's contribution to the Apollo Space Program.

In the early 1960's, the Douglas Aircraft Company Sacramento Test Operations (SACTO) was built in Rancho Cordova. The company tested the third stage of the Saturn rocket – the S-IVB – which in 1969 sent Apollo 11 to the moon. All who lived in

Sacramento during that time recall the loud roar from the engine testing.

I have several films and pictures from my father's work with NASA at SACTO, as well as over 400 pictures and manuals from former Douglas employees. After retiring, I began contacting museums.

In 2014 in Washington, DC, I met the Smithsonian Apollo exhibit curator and provide pictures to include in the newly revamped Apollo exhibit.

With the local Sacramento Archives July 2014, we posted a SACTO history on its website in celebration of the 45th anniversary of the moon landing. This publicity led to contact with Alan Lawrie, who was writing a book on SACTO, eventually titled "Sacramento's Moon Rockets." I was his contact to former Douglas/NASA employees. He is now planning a second book to include more pictures.

In 2015, we created a display at the Discovery Museum Science and Space Center of Sacramento.

My work continues as I try to find a permanent home for the SACTO exhibit, pursue creation of historical signage, provide talks in the community and assist with the new book. I continue to volunteer at the Discovery Museum in the Challenger Program, which runs simulated missions to Mars, Comet Haley and the moon.

Finding FAME

Sue Hughes

RN Case Manager
UCSF Medical Center



When I retired in June, 2015, in my heart, I knew I wasn't actually retiring. Instead, I knew there was something else for me to do in this third act of life, as Jane Fonda refers to it. I prefer to think of this important transition as being between careers.

At first, I didn't know what I would do next. Lots of soul searching and dark nights of the soul.

Eventually, I became inspired by a friend, who

became my mentor as well. She invited me to travel to Tanzania, East Africa, partly as a safari adventure and partly to visit the schools, clinics and orphanages that she supports. I was so deeply moved by this experience that I knew I had to get involved.

We visited a clinic in Karatu, the Foundation for African Medicine and Education (FAME). This medical center was founded by Dr. Frank Artress and his wife, Susan Gustafson. Their passion for providing medical care as well as training for local Tanzanians was truly inspiring. As Dr. Frank puts it "I needed Africa more than Africa needed me."

Volunteer nurses from all over the world offer their skills and knowledge. It is truly the experience of a lifetime to be immersed in the culture, while providing instruction and nursing care. Currently the most urgent need is for nurses with surgical experience, although all nurses are welcome to contact FAME for other potential needs. See the website: www.fameafrica.org

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ucnet.universityofcalifornia.edu/retirees

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Emeriti/Retiree Association Contacts

Use the listings below if you want to join an association or to inform your association of an address change. If you have moved away from your home campus emeriti/retiree association, you are welcome to join the association where you live.

Note to associations: To update a listing, write to NewDimensions-L@ucop.edu

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2017 vendor changes for Blue Shield plans continued from page 1

Retirees and their family members who are currently enrolled in UC Care, HSP, Core or Blue Shield Medicare plans will not see any changes in their coverage or provider network during 2016.

In 2017, these plans will offer many of the same features, including the option to see a specialist without a referral and to see non-network providers. However, a few changes may affect you:

- **Provider network**—For non-Medicare retirees, Anthem's medical provider network is very similar to Blue Shield's, so most members will be able to continue seeing their current medical providers. There is considerable, but currently not complete,

overlap between Anthem's behavioral health provider network and Optum's network; throughout 2016, Anthem will be working actively to expand its behavioral health provider network to minimize any provider disruptions for UC members.

For Medicare retirees, who must use Medicare providers, the medical and behavioral health networks are expected to be fairly similar, although some providers may not be in both networks.

- **Pharmacy benefits**—Medications covered under your current plan will continue to be covered by Optum Rx. Some prescription copays may

increase or decrease depending on the medication. Members will be able to confirm their prescription copays during Open Enrollment.

More information about these 2017 changes will be available this fall during Open Enrollment. We will also provide FAQs and updates about 2017 provider networks and prescription costs as new details become available.

Share your stories

Whether you have a challenging issue related to retirement or a story about the joys of your life, we want to share your story in *New Dimensions*. Reach us by email (NewDimensions-L@ucop.edu) or regular mail (Editor, 1111 Franklin Street, #7305, Oakland, CA 94607).

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travel opportunities

The world is closer than you think—Iceland and Southern U.S.

The Council of UC Retiree Associations (CUCRA) offers travel opportunities in partnership with Collette Vacations. The CUCRA travel program benefits the work of the council. Here are two adventures for 2017, so prospective travelers can plan early.

Iceland's magical northern lights

7 days, Feb. 12, 2017

This tour provides the opportunity of discovering a land and culture forged by fire and ice, at its best. The tour starts in Reykjavik and later in the day you will take

an exhilarating northern lights cruise. Then travel the Golden Circle, a route that encompasses many of Iceland's most renowned natural wonders. The journey also includes Thingvellir National Park, Geysir, Gullfoss, Seljalandsfoss, Vik, Eyjafjallajökull Volcano Visitor Centre, Skogar Museum, Skógafoss, Jökulsárlón Glacial Lagoon, Skaftafell National Park, Vatnajökull Glacier, and Blue Lagoon.

Booking No. 739210

Cost: \$3,249 (includes \$200 savings if booked by Aug. 12)

Southern charm

7 days, April 2, 2017

A little closer to home, experience true southern hospitality. This tour opens in Charleston, which has survived the Civil War, major fires, earthquakes, hurricanes. Visit Fort Sumter and Boone Hall, one of America's oldest working plantations. Other highlights include Savannah, Factors Walk, Jekyll Island, St. Simons Island and St. Augustine.

Booking No. 739217

Cost: \$2,849 (includes \$50 savings if booked before Oct. 3)

To book your tour

For more information and reservations, contact Collette Vacations at 800-581-8942 and mention the booking number. All tour costs are per person, double occupancy and include round trip airfare from LAX. You do not have to be a UC retiree to enjoy these tours; feel free to invite your family and friends. If the start date for a tour is not convenient for you, Collette has other dates for you to consider. Visit: www.gocollette.com.