

Open Enrollment Information

- Getting help
- Dental, vision, legal and AD&D premium costs
- Things to consider
- Important notices

Open Enrollment:
Oct. 26-Nov. 17, 2023

ucal.us/oe

HOW-TO...

CREATE A UC RETIREMENT AT YOUR SERVICE (UCRAYS) ACCOUNT

Go to UCRAYS at retirementatyour.service.ucop.edu and click “Register.” After you agree to the terms of use, you will be asked a few questions to confirm your identity. Create a new password for your UCRAYS account.

RETRIEVE YOUR UCRAYS PASSWORD

Enter your username and click “Forgot Password?” Enter the last 4 digits of your Social Security number and your date of birth. You can gain access with a one-time password sent to your cell phone number or by answering personalized security questions.

UPDATE YOUR CONTACT INFORMATION

Keep email, home address and cell phone information for you and your family members current on UCRAYS; or submit form UBEN 131, available on UCnet, to the UC Retirement Administration Service Center.

UPDATE YOUR BENEFICIARIES

Make sure your benefits will go to whom you intend by keeping your beneficiary designations up to date. A death, divorce or new spouse or domestic partner may require a beneficiary change.

Go to UCRAYS to update your UCRP beneficiaries, and to myUCretirement.com to update beneficiaries for your Retirement Savings Program accounts. For your Health Savings Account, call HealthEquity at 866-212-4729.

If you are married, your spouse may have a legal interest in benefits payable at your death. A beneficiary designation may be subject to challenge if it will result in your spouse receiving less than your spouse’s share of that portion of the benefit that is considered community property.

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 11-14 for details.

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.

MEDICARE PLANS

UC HIGH OPTION, UC MEDICARE PPO, UC MEDICARE PPO WITHOUT RX

uhealthplans.com/medicare

Anthem Blue Cross

844-437-0486 (Anthem Health Guide)
anthem.com/ca

Navitus Health Solutions (Pharmacy)

833-837-4309
medicarerx.navitus.com

KAISER PERMANENTE SENIOR ADVANTAGE

select.kp.org/university-of-california

Kaiser Permanente – California

800-464-4000 or 800-443-0815

UC MEDICARE CHOICE

UnitedHealthcare

retiree.uhc.com/uc
866-887-9533

NON-MEDICARE MEDICAL PLANS

CORE, UC CARE, UC HEALTH SAVINGS PLAN

uhealthplans.com/commercial

Anthem Blue Cross (Medical)

Navitus Health Solutions (Pharmacy)
833-837-4308

Accolade (Health care advocate)

866-406-1182
Call Accolade for all your health care questions. Anthem will continue to process claims and provide ID cards,

and Navitus remains the pharmacy benefit manager.

KAISER PERMANENTE HMO

Kaiser Permanente – California
select.kp.org/university-of-california
800-464-4000

Optum Behavioral Health

888-440-8225
liveandworkwell.com, enter 11280

UC BLUE & GOLD HMO

Health Net

healthnet.com/uc
Medical: 800-539-4072
Behavioral health: 800-663-9355

OTHER BENEFITS

ARAG LEGAL INSURANCE

ARAGlegal.com/UCinfo
800-828-1395

DELTA DENTAL

www1.deltadentalins.com/group-sites/uc.html

DeltaCare USA DHMO

800-422-4234

Delta Dental PPO

800-777-5854

HEALTH EQUITY (HSA)

healthequity.com/uc
866-212-4729

NATIONWIDE PET INSURANCE

petinsurance.com/uc
877-738-7874

GETTING HELP

PRUDENTIAL (AD&D)

855-483-1438

VSP VISION CARE

866-240-8344

uc retirees.vspforme.com

UC RETIREMENT ADMINISTRATION SERVICE CENTER (RASC)

PHONE

800-888-8267

(select "health and welfare" and then "open enrollment")

Extended Open Enrollment hours (Oct. 26 - Nov. 17, 2023):

Monday through Friday, 7 a.m.
to 4:30 p.m. (PT)

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

HEALTH CARE FACILITATORS

For more information about Health
Care Facilitators and the services
they offer, visit ucal.us/hcf

BERKELEY

510-664-4134

LAWRENCE BERKELEY NATIONAL LABORATORY

510-486-4269

DAVIS

530-752-7840

530-752-4264

IRVINE

949-824-9065

LOS ANGELES

310-794-8121 (for last names A-K);

310-794-3057 (for last names L-Z)

MERCED

209-201-9236

OFFICE OF THE PRESIDENT

510-987-0784

RIVERSIDE

951-827-2636

SAN DIEGO

858-534-9686

SAN FRANCISCO

415-476-6527

SANTA BARBARA

805-893-3450

SANTA CRUZ

831-459-3573

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	\$11.61
Retiree + Child(ren)	\$22.15
Retiree + One Adult	\$21.96
Retiree + Family	\$27.12

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 2024, there will be no premium changes for the Dental PPO or HMO plans.

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

COMPARING UC'S NON-MEDICARE PLANS

KNOW YOUR OPTIONS

For more facts and figures — and definitions of the terms below — see ucal.us/oecompareplans.

	KAISER HMO (KAISER PERMANENTE)	UC BLUE & GOLD HMO (HEALTH NET)	UC CARE PPO (ANTHEM)	UC HEALTH SAVINGS PLAN PPO (ANTHEM)	CORE PPO (ANTHEM)
<p>OUT-OF-POCKET COSTS</p> <p>What you'll pay for medical care</p> <p>Notes:</p> <ul style="list-style-type: none"> Preventive care is always free to you Out-of-pocket maximum (OOP max) includes deductible Amounts listed are per person/per family (unless otherwise noted); if you cover more than yourself, you'll share a deductible and OOP max 	<p>\$</p> <p>IN KAISER NETWORK ONLY</p> <p>Deductible: None</p> <p>Copayments (for example):</p> <p>\$20 doctor's office visits</p> <p>OOP max: \$1,500/\$3,000</p>	<p>\$</p> <p>IN-NETWORK ONLY (except in emergencies)</p> <p>Deductible: None</p> <p>Copayments (for example):</p> <p>\$20 doctor's office visits</p> <p>OOP max: \$1,000/ \$2,000 (2 people)/ \$3,000 (3 or more)</p>	<p>UC SELECT: \$</p> <p>Deductible: None</p> <p>Copayments (for example):</p> <p>\$20 doctor's office visits</p> <p>OOP max: \$6,100/\$9,700</p> <p>ANTHEM PREFERRED: \$\$</p> <p>Deductible: \$500/\$1,000</p> <p>Coinsurance: 30%</p> <p>OOP max: \$7,600/\$14,200</p> <p>OUT-OF-NETWORK: \$\$\$</p> <p>Deductible: \$750/\$1,750</p> <p>Coinsurance: 50%</p> <p>OOP max: \$9,600/\$20,200</p>	<p>HSA contributions (self only/family)</p> <p>From UC: \$500/\$1,000</p> <p>Your max: \$4,150/\$8,300</p> <p>IN-NETWORK: \$\$</p> <p>Deductible: \$1,600/\$3,200</p> <p>Coinsurance: 20%</p> <p>OOP max: \$4,000/\$6,400</p> <p>OUT-OF-NETWORK: \$\$\$</p> <p>Deductible: \$2,600/\$5,200</p> <p>Coinsurance: 40%</p> <p>OOP max: \$8,000/\$16,000</p>	<p>\$\$\$</p> <p>Deductible: \$3,000</p> <p>Coinsurance: 20%</p> <p>OOP max: \$6,350/\$12,700</p>
<p>CHOICE OF PROVIDERS</p> <p>Where you go for care</p>	<p>Kaiser primary care provider helps manage care within network</p>	<ul style="list-style-type: none"> Primary care provider helps manage care within network UC Health providers in-network 	<ul style="list-style-type: none"> Dedicated Accolade care team listens to your needs, understands your coverage and connects you with the care you need, including options for virtual care and second opinions UC Health providers in-network National network; higher costs out-of-network 		
<p>CONSIDER THIS PLAN IF YOU</p>	<p>Want low, predictable out-of-pocket costs for integrated care provided within the Kaiser network</p>	<p>Want low, predictable out-of-pocket costs for care, and want access to UC Health providers</p>	<p>Are willing to pay higher premium for choice of provider tiers, with low costs for UC Select</p>	<p>Want to build tax-free savings, and are willing to manage your health care expenses</p>	<p>Prefer to pay \$0 monthly premium and pay higher deductible and out-of-pocket costs for care</p>

THINGS TO CONSIDER

IF YOU OR A FAMILY MEMBER ARE BECOMING ELIGIBLE FOR MEDICARE IN 2024

If you or a family member are enrolled in UC retiree health insurance and will become eligible to enroll in Medicare in 2024 with premium-free Medicare Part A, think carefully about the UC medical plan you choose during Open Enrollment. Your 2024 medical plan will determine the Medicare plan that you will age-in to when you turn 65. **UC does not allow you to change medical plans mid-year simply because you have become eligible for Medicare, so choose carefully.**

Most UC retiree medical plans have Medicare versions or corresponding Medicare partner plans. The exception is the UC Health Savings Plan, which doesn't have a corresponding Medicare plan. If you're enrolled in UC Health Savings Plan, you will have a 31-day Period of Initial Eligibility (PIE) opportunity when you turn age 65 to select any UC-sponsored Medicare plan in your service area.

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

Open Enrollment is the time to review your options for the new year. The Medicare version or partner plan of your medical plan may have different benefits, and not all primary care physicians, primary medical groups, specialists and behavioral health providers accept Medicare. Medicare plan service areas may also 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. The Medicare Fact Sheet and "Enrolling in Medicare" on UCnet (ucal.us/medicare) will give you more information, along with the Medicare coordination forms (UBEN 121, 123 or 127 depending on the Medicare plan) that are required for the age-in process. You can also call the UC Retirement Administration Service Center at 800-888-8267, Monday – Friday, 7 a.m. to 4:30 p.m., PT (extended hours during Open Enrollment period).

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 65 or older and eligible for Medicare, UC offers the Medicare Coordinator Program, a special program for 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 can use to pay for your individual Medicare plan premium, including Kaiser if available, as well as out-of-pocket health care costs. If you become eligible for this program because you are turning 65, 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. If you become eligible due to a life event or move, contact Via Benefits.

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

VERIFICATION PROCESS FOR HEALTH SAVINGS ACCOUNT

If you enroll in the UC Health Savings Plan, HealthEquity will be required by law to verify your identity when establishing the Health Savings Account that is paired with the plan. To comply with this requirement, UC will provide information including your full legal name, residential address in the U.S., date of birth and Social Security number or other U.S. government-issued identification number.

FAMILY MEMBER ELIGIBILITY VERIFICATION (FMEV)

UC requires all faculty, staff and retirees who enroll new family members in their health and welfare benefit plans to provide documents to verify their family members' eligibility for coverage.

THINGS TO CONSIDER

If you add family members to your coverage during Open Enrollment, in early 2024 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, stepchildren and legal wards.

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 2024 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

The information in this booklet reflects the terms of the benefit plans in effect as of Jan. 1, 2024. Please note that this is a summary of your benefits only; additional requirements, limitations and exclusions may apply. Refer to applicable plan documents and regulations for details. The applicable plan documents and regulations and other applicable UC policies will take precedence if there is a difference between the provisions therein and those of this document.

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 2024 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 mid-year 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 (Medicare's Open Enrollment Period).

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).

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.

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 the Social Security Administration on the web at 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.

IMPORTANT NOTICES

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.

LANGUAGE ASSISTANCE SERVICES FOR SELF-FUNDED PPO PLANS

English: Language assistance services, free of charge, are available to you to answer any questions you may have about our health or drug plan. Call 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). TTY Users Call 711.

Arabic: تتوفر لكم خدمات المساعدة اللغوية مجاناً للإجابة على أي أسئلة قد تكون لديكم حول خطتنا الصحية أو الدوائية. شخص يتحدث العربية يمكنه أن يساعدكم. اتصلوا بالرقم 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). مستخدمو أجهزة الهواتف النصية الاتصال على الرقم 711.

Armenian: Լեզվակալան աջակցութիւնն անվճար ծառայությունները հասանելի են ձեզ առողջության կամ դեղորայքի ծրագրի վերաբերյալ ձեր ցանկացած հարցի պատասխանելու համար: Ինչ-որ մեկը, ով խոսում է հայերեն, կարող է օգնել ձեզ: Ջանգահարեք՝ 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan): Հեռագրից օգտվողները կարող են զանգահարել 711:

Chinese: 我們提供免費的語言協助服務，解答您對我們的健康或藥物計劃的任何問題。講中文的員工會為您提供協助。請致電1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan) 聽障人士請撥打711。

Farsi: خدمات کمک زبان به صورت رایگان در دسترس شما است تا به هر سوالی که ممکن است در مورد طرح سلامت یا داروی ما داشته باشید پاسخ دهیم. کسی که فارسی صحبت می کند می تواند به شما کمک کند. با شماره 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare) / 1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). با 711 تماس می گیرید. کاربران

French: Des services d'assistance de traduction, gratuits, sont à votre disposition pour répondre à toutes vos questions concernant notre régime de santé ou d'assurance pharmacie. Quelqu'un qui parle le Français peut vous aider. Appelez le 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan) Utilisateurs de téléimprimeur appelez le 711.

French Creole: Sèvis asistans nan lang, gratis, disponib pou reponn nenpòt kesyon ou ta genyen sou plan sante oswa medikaman nou an. Yon moun ki pale kreyol franse ka ede w. Rele 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). Itilizatè TTY yo rele nan 711.

German: Sprachunterstützungsdienste stehen Ihnen kostenlos zur Verfügung, um alle Fragen zu beantworten, die Sie zu unserem Gesundheits- oder Arzneimittelplan haben könnten. Jemand, der Deutsch spricht, kann Ihnen helfen. Rufen Sie 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan) an. TTY-Benutzer wählen die Nummer 711.

Hindi: हमारी स्वास्थ्य या औषधियोजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं, हद्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। कॉल 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare) /1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). TTY उपभोक्ता कॉल 711.

Hmong: Muab kev pab txhais lus pub dawb rauu koj los teb txhua nqe lus nug uas koj muaj txog rau ntawm peb qhov kev npaj duav nqi rau kev noj qab haus huv los sis tshuaj. Yuav uas muaj ib tug neeg uas hais tau lus Hmoob los pab koj. Hu rau 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). Cov neeg TTY ces hu rau 711.

Italian: Servizi di assistenza in lingua, offerti gratuitamente, sono disponibili per rispondere a qualsiasi domanda lei possa avere riguardo ai piani di salute o dei farmaci. Un assistente che parla italiano sarà disponibile ad aiutarla. Chiami i numeri 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare) / 1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). Gli utenti di dispositivi telefonici per sordi possono chiamare il 711.

Japanese: 言語支援サービスが無料でご利用いただけ、あなたの健康あるいは薬計画に関する質問に回答いたします。日本語を話せる方がサポートいたします。1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare) /1-866-406-1182 (CORE, UC Care, UC Health Savings Plan)にお電話ください。TTYユーザーは711にお電話ください

Khmer: សេវាជំនួយភាសាឥតគិតថ្លៃមានសម្រាប់អ្នកដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកប្រហែលជាមានអំពីផែនការសុខភាព ឬផែនការថ្នាំ។ មានវគ្គមិនខ្វះដែលអាចជួយអ្នកបាន។ ទូរស័ព្ទទៅ 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare) / 1-866-406-1182 (CORE, UC Care, UC Health Savings Plan) ។ អ្នកប្រើប្រាស់ TTY សូមទូរស័ព្ទទៅលេខ 711។

Korean: 건강 또는 의약품 보험에 관해 궁금한 사항이 있으실 경우, 무료로 이용할 수 있는 언어 지원 서비스가 제공됩니다. 한국어를 구사하는 담당자가 도와드릴 것입니다. 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare) / 1-866-406-1182 (CORE, UC Care, UC Health Savings Plan) 로 전화주세요. TTY 사용자는 711로 전화주세요.

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Polish: Darmowe usługi pomocy w różnych wersjach językowych są dostępne, jeśli chce Pan/i uzyskać odpowiedzi na dowolne pytania odnośnie do swojego zdrowia lub planu lekowego. Osoba mówiąca po polsku służy Panu/i pomocą. Zadzwoń na numer 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). Użytkownicy TTY dzwonią pod numer 711.

Portuguese: Serviços de assistência linguística, gratuitos, estão à sua disposição para responder a qualquer dúvida que possa ter sobre nosso plano de saúde ou de medicamentos. Alguém que fale português pode te ajudar. Ligue para 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). Usuários TTY ligam para 711.

Punjabi: ਸਾਡੀ ਸਹਿਤ ਜਾਂ ਡਰੱਗ ਖੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਸਿ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਮੁਫਤ ਹਨ ਅਤੇ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਕੋਈ ਵੀ ਅੰਗਰੇਜ਼ੀ ਜਾਂ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan) 'ਤੇ ਕਾਲ ਕਰੋ। ਟੀ.ਟੀ.ਵਾਇ ਉਪਭੋਗਤਾ 711 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹਨ।

Russian: Вам доступны бесплатные услуги языковой помощи, в которых вы сможете найти ответы на любые ваши вопросы о нашем плане медицинского обслуживания или лекарств. Сотрудник, который владеет русским, может вам помочь. Звоните по телефону 1-844-437-0486. (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). Пользователи TTY звонят по телефону 711.

Spanish: Los servicios de asistencia lingüística, gratuitos, están a tu disposición para responder cualquier pregunta que puedas tener sobre nuestro plan de salud o medicamentos. Alguien que hable español puede ayudarte. Llama al 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/ 1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). Los usuarios sordomudos pueden llamar al 711.

Tagalog: Ang mga serbisyonang tumulong sa linguahe, na walang bayad, ay maaari mong magamit para masagot ang anumang katanungan na mayroon ka patungkol sa iyong plano sa kalusugan o gamot. Mayroon kaming taong marunong mag-Tagalog na maaaring tumulong sa iyo. Tumawag sa 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). Tumawag sa 711 kung TTY user.

Thai: หากท่านมีคำถามเกี่ยวกับแผนสุขภาพหรือแผนการใช้จ่ายของเรา ท่านสามารถใช้บริการให้ความช่วยเหลือด้านนโยบายของเราได้โดยไม่มีค่าใช้จ่ายเพื่อรับความช่วยเหลือจากบุคลากรที่พูดภาษาไทยได้ โปรดติดต่อมายังหมายเลข 1-844-437-0486 (สำหรับแผน UC Medicare PPO, UC High Option Supplement to Medicare) หรือ 1-866-406-1182 (สำหรับแผน CORE, UC Care, UC Health Savings Plan). สำหรับผู้ใช้งาน TTY โปรดติดต่อ 711.

Vietnamese: Các dịch vụ hỗ trợ ngôn ngữ, miễn phí, sẵn có cho quý vị để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Ai đó nói được tiếng Việt có thể giúp bạn. Gọi 1-844-437-0486 (UC Medicare PPO, UC High Option Supplement to Medicare)/1-866-406-1182 (CORE, UC Care, UC Health Savings Plan). Người dùng TTY vui lòng gọi 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 2024 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

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Officer at 800-888-8267, press 1. The Notice was updated to reflect the current health care plan options effective Jan. 1, 2024.

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.

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).

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996) NOTIFICATION FOR MEDICAL PROGRAM ELIGIBILITY

If you are declining enrollment for yourself or your eligible family members because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your eligible family members* in a UC-sponsored medical plan if you or your family members lose eligibility for that other coverage (or if the employer stops contributing toward the other coverage for you or your family members). You must request enrollment within 31 days after your or your family member's other medical coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a newly-eligible family member as a result of marriage or domestic partnership, birth, adoption, or placement for adoption, you may be eligible to enroll your newly-eligible family member. If you are an employee you may be eligible to enroll yourself, in addition to your eligible family member(s). You must request enrollment within 31 days after the marriage or partnership, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible family member because of coverage under Medicaid (in California, Medi-Cal) or under a state children's health insurance program (CHIP) you may be able to enroll yourself and your eligible family members in a UC-sponsored plan if you or your family members lose eligibility for that coverage. You must request enrollment within 60 days after your coverage or your family members' coverage ends under Medicaid or CHIP.

* 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.

Also, if you are eligible for health coverage from UC but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage. For details, contact the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services at www.cms.gov or 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.

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:

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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 except a Kaiser Foundation Health 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), I 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 myself, my 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. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

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 and associated service vendors 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

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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.

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 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/myMedi-Cal.aspx or email: HIPP@dhcs.ca.gov

If you live outside of California, please visit UCnet (ucnet.universityofcalifornia.edu/compensation-and-benefits/premium-assistance.html) for a list of states that currently provide premium assistance. The list is effective as of July 31, 2023, and includes contact information for each state listed.

To see if any more states have added a premium assistance program since July 31, 2023, 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.gov
877-267-2323

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.

