



UNIVERSITY
OF
CALIFORNIA

Open

Enrollment

FOR RETIREES OUTSIDE OF CALIFORNIA

For UC plans: October 26 – November 21, 2017

For OneExchange (new members): October 15 – December 31, 2017

YOUR OPEN ENROLLMENT “TO DO” LIST:

FOR YOUR MEDICAL PLAN

- If you're new to the Medicare Coordinator Program:** Call OneExchange (855-359-7381) to make an enrollment appointment and enroll in a new Medicare plan. In order to receive a Health Reimbursement Arrangement (HRA) contribution, you must enroll through OneExchange during the Open Enrollment Period.

Review the details in the brochure that recently was mailed to you. Your enrollment appointment is a good opportunity to ask questions and learn more about your options.

If you moved outside of California after Aug. 1 of this year and you plan to enroll in a medical plan through OneExchange for next year, please contact the Retirement Administration Service Center before you enroll with OneExchange. The UC-funded HRA will not be available to you if you enroll with OneExchange directly without first notifying the Retirement Administration Service Center.

- If you are continuing with OneExchange:** Watch for information from your medical plan carrier about changes for 2018. If your plan remains available through OneExchange and you are happy with your enrollment, no action is necessary. If you want to explore other options, you must do so through OneExchange.

Since you or your covered family members all have Medicare, you should understand “creditable coverage” under Medicare Part D (prescription drug) rules. Please see pages 6-7 for details.

FOR DENTAL AND LEGAL

- Visit the Open Enrollment website (ucnet.universityofcalifornia.edu/oe) to learn more about the ARAG Legal Plan and Delta Dental Plan.
- To make changes to your dental or legal plan, or add or de-enroll family members, submit a UBEN 100 form to the Retirement Administration Service Center by Nov. 21, 2017. The UBEN 100 form is available online at ucal.us/UBEN100 or from the Retirement Administration Service Center (800-888-8267).

FOR VISION AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

To enroll in or make changes to the retiree vision plan, contact Vision Service Plan directly. See page 5 for details. To enroll in or make changes in AD&D, contact Prudential directly. See page 5 for details.

Any changes you make during Open Enrollment will be effective Jan. 1, 2018.

IF YOU DON'T HAVE ACCESS TO THE INTERNET

If you need additional information or a form to complete your benefits changes during Open Enrollment, contact OneExchange (855-359-7381) regarding your medical plan and the UC Retirement Administration Service Center regarding your UC plans: 800-888-8267, Monday–Friday, 8:30 a.m.–4:30 p.m. (PT).

UC RETIREMENT ADMINISTRATION SERVICE CENTER FOR HEARING IMPAIRED

If you are hearing or speech impaired, call 711 and provide the UC Retirement Administration Service Center telephone number, 800-888-8267, to receive assistance.

OPEN ENROLLMENT

Open Enrollment is your opportunity to enroll in or make changes to your benefits coverage. Review this booklet and consider your choices. Make sure that you have the best possible benefits for you and your family next year.

HIGHLIGHTS

- Call OneExchange (855-359-7381) and talk with a benefit advisor to enroll in a medical plan or to make sure your current plan is still your best option. UC's annual contribution of \$3,000 for you and each eligible family member is not changing. If you are subject to graduated eligibility, UC's contribution will be less, based on your eligible percentage.
- ARAG Legal Plan is open for enrollment again this year, with a small premium increase (less than 60 cents) and plan enhancements that include assistance with family and real estate law issues.
- The Vision Plan and Accidental Death & Dismemberment (AD&D) Plan are open for enrollment, with no significant changes this year.

BEST TIMES TO CALL ONEEXCHANGE

OneExchange tries to answer all calls promptly, but you may have shorter wait times if you avoid calling at times with higher than usual call volume. Call volume can be high on Mondays and in the morning and in the weeks before and after Thanksgiving.

IMPORTANT ENROLLMENT INFORMATION

Open Enrollment for dental, legal and vision plans: Oct. 26-Nov. 21, 2017

Visit the Open Enrollment website (ucnet.universityofcalifornia.edu/oe) for details. To make changes to your dental or legal plan or to your enrolled family members, submit a UBEN 100 form (available at ucal.us/UBEN100) before 5 p.m. on Tuesday, Nov. 21. VSP will mail vision plan enrollment information to eligible retirees.

OneExchange Open Enrollment for current members: Oct. 15-Dec. 7, 2017

During the Medicare Open Enrollment, retirees and their enrolled family member(s) may make some changes to their current medical and prescription coverage. If your plan will continue to be covered through OneExchange and you are happy with your existing coverage, you do not need to call OneExchange.

OneExchange sends a fall newsletter (by email or U.S. mail) announcing the Medicare Open Enrollment to retirees currently enrolled in a plan through OneExchange. Your medical plan carrier will reach out with details about any plan changes.

OneExchange Open Enrollment for new members: Oct. 15-Dec. 31, 2017

OneExchange sends a packet of information to new members with details.

PLAN CHANGES FOR 2018

ONEEXCHANGE MEDICARE COORDINATOR PROGRAM

UC provides a Medicare Coordinator Program, administered by Willis Towers Watson's OneExchange, for retirees living outside of California if they and all covered family members are eligible for Medicare. This program offers:

- **Choice:** More local plans, including Kaiser, where available
- **Value:** Plans to fit every budget
- **Flexibility:** Family members can elect different plans
- **Support:** Personalized assistance from OneExchange

UC will provide an annual contribution under an HRA — Health Reimbursement Arrangement — to help you pay for the Medicare plan(s) you choose. Depending on your choice, there could be funds left in the HRA to cover additional out-of-pocket costs and Part B premiums. UC's maximum contribution to the HRA for 2018 remains \$3,000 per each covered Medicare member. UC's contribution is subject to graduated eligibility. Any unused HRA funds roll over to the next year.

If you're joining this program for the first time in 2018 and haven't yet made an appointment with OneExchange, call them now at 855-359-7381 to be sure you're enrolled in a new plan for 2018. You may enroll during your special enrollment period: Oct. 15 – Dec. 31. Your UC group medical plan ends on Dec. 31, 2017. **If you miss the Dec. 31 deadline, you could be subject to medical underwriting (an evaluation of your medical or health information), which may affect your premium and your coverage options.**

If you're already enrolled through OneExchange, you can change plans during the Medicare Open Enrollment period (OEP) through Dec. 7; all changes must be made through OneExchange. Review the information that was mailed to you by OneExchange and your medical plan carrier. If you're happy with the plan you have and it is offered through OneExchange for 2018, you don't need to take any action.

MEDICARE PLAN CHANGE RULES

There are different rules for some of the changes you (a retiree and your enrolled family members) can make during the Medicare OEP:

- A change between MediGap plans, or from a Medicare Advantage plan to a MediGap plan, will likely require medical underwriting.
- A change to a Medicare Advantage plan or between Medicare Advantage plans, or a change of Part D plans, does not require underwriting.

DENTAL PLAN

The Delta Dental PPO Plan will expand coverage of fluoride treatments, to include members 13 years and older (as well as children).

UC continues to pay the full cost of dental coverage provided you are eligible for 100 percent of the UC/employer contribution. If you are subject to graduated eligibility, you may pay a portion of the premium.

VISION PLAN

There are no changes to premiums or benefits for the vision plan this year.

Eligible retirees will receive a mailing from VSP. To enroll yourself and your eligible family members, complete and mail the VSP enrollment form in the postage-paid envelope, contact VSP directly at 866-240-8344, or visit the website at vsp.com/go/uc retirees.

VISION PLAN MONTHLY COSTS

Retiree	\$12.59
Retiree + Child(ren)	\$24.01
Retiree + Adult	\$23.79
Retiree + Family	\$29.40

LEGAL PLAN

Legal insurance, offered by ARAG, is open for enrollment this year, with the addition of several new benefits for help with:

- Family law
- Real estate law
- Document preparation and review

Legal premiums will increase slightly.

LEGAL PLAN MONTHLY COSTS

Retiree	\$10.87
Retiree + Children	\$14.95
Retiree + Adult	\$14.95
Retiree + Family	\$16.31

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

There are no changes to AD&D premiums for retirees this year. You can enroll for coverage at any time.

AD&D PLAN ANNUAL COSTS

Coverage Amount	Retiree	Retiree+Spouse/ Domestic Partner
\$10,000	\$11.80	\$17.40
\$25,000	\$29.50	\$43.50
\$50,000	\$59.00	\$87.00
\$250,000*	\$295.00	\$435.00

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

CONTACT INFORMATION**ONEEXCHANGE**

855-359-7381
medicare.oneexchange.com/uc

DELTA DENTAL PPO

800-777-5854
deltadentalins.com/uc

ARAG LEGAL

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

PRUDENTIAL (AD&D)

800-524-0542
www.prudential.com/uc

VISION SERVICE PLAN

866-240-8344
vsp.com/go/uc retirees

IMPORTANT NOTICES

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

Plans with Creditable Coverage

Kaiser Senior Advantage
 Health Net Seniority Plus
 UC Medicare PPO
 UC High Option Supplement to Medicare Core
 Kaiser Permanente
 Health Net Blue & Gold
 Western Health Advantage
 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 Kaiser Senior Advantage, Health Net Seniority Plus, UC Medicare PPO, UC High Option Supplement to Medicare, Core, Kaiser Permanente, Health Net Blue & Gold, Western Health Advantage, 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.

By enrolling in a Medicare drug plan, you will receive help with your drug costs, as there is no prescription drug coverage under UC Medicare PPO without Prescription Drugs. 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 your current 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 for too long, you may be assessed a penalty. This evidence of creditable coverage will prevent you from incurring penalties charged by the federal government for late enrollment in Medicare Part D 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 percent 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 percent higher than what most other people pay. That person might also be required to wait until the following November, 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 his or her 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 UC's annual Open Enrollment period each fall, or, mid-year, if you lose other coverage. You can join a non-UC Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

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

Each plan handles your decision to join a Medicare drug plan differently. For example, some plans allow you to keep your current coverage and coordinate with Medicare, while other plans may not. It is best to 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 <http://ucnet.universityofcalifornia.edu/forms/pdf/medicare-factsheet.pdf>). Detailed information about commercially available Medicare Part D Plans can be found in the "Medicare & You" handbook. You'll get a copy of this handbook in the mail every year from Medicare. For more information about Medicare prescription drug coverage, visit 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 www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

ONEEXCHANGE

Plans obtained through OneExchange 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 <https://medicare.oneexchange.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 <http://ucnet.universityofcalifornia.edu/compensation-and-benefits/health-plans/medical/medicare>

IMPORTANT NOTICES

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996) NOTIFICATION FOR DENTAL AND VISION ELIGIBILITY

If you are declining enrollment for yourself or your eligible family members because of other insurance or group medical plan coverage, 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 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 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 a marriage or domestic partnership, birth, adoption, or placement for adoption, you may be eligible to enroll your newly eligible family member. You must request enrollment within 31 days after the marriage or partnership, birth, adoption, or placement for adoption.

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

Also, if you are eligible for 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 COVERAGE WITHIN THE 31 DAYS WHEN FIRST ELIGIBLE, WITHIN THE SPECIAL ENROLLMENT PERIOD DESCRIBED ABOVE OR WITHIN AN OPEN ENROLLMENT PERIOD, YOU MAY BE ELIGIBLE TO ENROLL AT A LATER DATE. However, even if eligible, each affected individual will need to complete a waiting period of 90 consecutive calendar days before medical coverage becomes effective and employee premiums may need to be paid on an after-tax basis (retiree premiums are always paid after-tax). Otherwise, you/they can enroll during the next Open Enrollment Period.

To request special enrollment or obtain more information, 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 if your eligible family member loses other coverage. In either case, you must request enrollment within 31 days of the occurrence.

FAMILY MEMBER ELIGIBILITY VERIFICATION

UC requires all faculty, staff and retirees who enroll new family members in their medical, dental, vision and/or legal insurance plans to provide documents to verify their family members' eligibility for coverage.

* 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.

If you add a family member to your coverage during Open Enrollment, in early 2018 you will receive a packet of materials to complete the verification process. You must respond by the deadline shown on the letter or risk de-enrollment of your newly enrolled family members from UC benefits. As part of UC's periodic review process, you may also be contacted for information to

reverify the eligibility of your previously verified spouse or domestic partner, grandchildren and/or legal wards for coverage.

Currently, Secova, Inc. administers the verification program for UC. More information about the verification process is available online at ucal.us/fmv.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from its Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid (Medi-Cal in California) or CHIP office or visit www.insurekidsnow.gov or dial 877-KIDS-NOW to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for a UC-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP,

as well as eligible under UC's plan, UC will permit you to enroll in UC's plan, if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in California, you can contact the California Department of Health Care Services for further information on eligibility at: www.dhcs.ca.gov/Pages/default.aspx
Email: HIPP@dhcs.ca.gov.

If you live outside of California, see www.dol.gov/ebsa/pdf/chipmodelnotice.pdf for a list of states that currently provide premium assistance. The list is effective as of Aug. 10, 2017, and includes contact information for each state listed. To see if any more states have added a premium assistance program since Aug. 10, 2017, or for more information on special enrollment rights, you can contact:

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

TERMS AND CONDITIONS

PARTICIPATION TERMS AND CONDITIONS

Your Social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity, and for legally required reporting purposes all in compliance with federal and state laws.

If you are confirmed as eligible for participation in UC-sponsored plans, you are subject to the following terms and conditions:

1. With the exception of benefits provided or administered by 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. For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.
2. UC and UC health and welfare plan vendors comply with federal/state regulations related to the privacy of personal/confidential information including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable. To fulfill 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. A member's requested restriction on the sharing of specified protected health information for health care operations, payment, and treatment will be honored as required by HIPAA.
3. By making an election with your written or electronic signature you are authorizing the University to take deductions from your earnings (employees)/monthly Retirement Plan income (retirees) to cover your contributions toward the monthly costs (if any) for the plans you have chosen for yourself and your eligible family members. You are also authorizing UC to transmit your enrollment demographic data to the plans in which you are enrolled.
4. You are subject to all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and the University of California Group Insurance Regulations.
5. By enrolling individuals as your family members you are certifying that those individuals are eligible for coverage based on the definitions and rules specified in the University of California Group Insurance Regulations and described in UC health and welfare plan eligibility publications. You are also certifying under penalty of perjury that all the information you provide regarding the individuals you enroll is true to the best of your knowledge.

6. If you enroll individuals as your family members you must provide, upon request, documentation verifying that those individuals are eligible for coverage. The carrier may also require documentation verifying eligibility. Verification documentation includes, but is not limited to, marriage or birth certificates, domestic partner verification, adoption papers, tax records and the like.
7. If your enrolled family member loses eligibility for UC-sponsored coverage (for example because of divorce or loss of eligible child status) you must notify UC by de-enrolling that individual. If you wish to make a permitted change in your health or flexible spending account coverage you must notify UC within 31 days of the eligibility loss event; for purposes of COBRA, eligibility 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).
8. Making false statements about satisfying eligibility criteria, failing to timely notify the University of a family member's loss of eligibility, or failing to provide verification documentation when requested may lead to de-enrollment of the affected family members. Employees/retirees may also be subject to disciplinary action and de-enrollment from health benefits and may be responsible for any UC-paid premiums due to misuse of plan.
9. Under current state and federal tax laws, the value of the contribution UC makes toward the cost of health coverage provided to domestic partners and certain other family members who are not your dependents under state and federal tax rules may be considered imputed income that will be subject to income taxes, FICA (Social Security and Medicare), and any other required payroll taxes. (Coverage provided to California registered domestic partners is not subject to imputed income for California state tax purposes.)
10. If you specifically ask UC representatives to intercede on your behalf with your insurance plan, University representatives will request the minimum necessary protected health information required to assist you with your problem. If more protected health information is needed to solve your problem in compliance with state laws and federal privacy laws (including HIPAA), you may be required to sign an authorization allowing UC to provide the health plan with relevant protected health information or authorizing the health plan to release such information to the University representative.
11. Actions you take during Open Enrollment will be effective the following January 1 unless otherwise stated — provided all electronic and form transactions have been completed properly and submitted timely.

University of California
Human Resources
P.O. Box 24570
Oakland, CA 94623-1570

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Open Enrollment

FOR RETIREES OUTSIDE OF CALIFORNIA

For UC plans: October 26 –
November 21, 2017

UNIVERSITY
OF
CALIFORNIA

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 their 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 System wide AA/EEO Policy Coordinator, University of California Office of the President, 1111 Franklin Street, 5th Floor, Oakland CA 94607 and for faculty to the Office of Academic Personnel, University of California Office of the President, 1111 Franklin Street, Oakland CA 94607.

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