

UNIVERSITY
OF
CALIFORNIA



Open

Enrollment

FOR RETIREES

October 26 – November 21, 2017

YOUR OPEN ENROLLMENT “TO DO” LIST

REVIEW THIS BOOKLET AND GO ONLINE TO LEARN ABOUT CHANGES TO YOUR PLAN OR COSTS. IF YOU DO NOT WISH TO MAKE A CHANGE, YOU DO NOT NEED TO TAKE ACTION.

ENROLL ONLINE

ucnet.universityofcalifornia.edu/oe

Thursday, Oct. 26 at 8 a.m. to Tuesday, Nov. 21 at 5 p.m.

- Sign in to At Your Service (AYS) Online** and choose “Open Enrollment” (main menu, under “Health & Welfare”).
- Select “Medical Plans”** (left-hand column) to see your 2018 options and premiums.
- Make changes** and select “Confirm” when you are satisfied with your elections. You must confirm your changes — and get a confirmation number — to complete your enrollment.
- You can continue to sign in, make corrections and confirm your choices until 5 p.m. on Tuesday, Nov. 21.
- Select the print-friendly option to print and review your confirmation page.

ENROLL IN RETIREE VISION OR AD&D

Please contact the carrier directly. See page 6 for contact information for Prudential (AD&D) or Vision Service Plan (vision).

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 13-16 for details.

FOR MEDICARE MEMBERS CHANGING MEDICAL PLANS

You must reassign your Medicare to your new plan. You will receive required forms with your Open Enrollment confirmation statement (they are also available online). All required forms must be submitted by Wednesday, Dec. 6, 2017.

Each person covered on your insurance needs to submit his or her own form before enrollment can be completed.

IF YOU DON’T HAVE ACCESS TO THE INTERNET

Call the UC Retirement Administration Service Center at 800-888-8267 and select option 2 to speak with an Open Enrollment customer service representative. The representative can help you make plan changes, send you a form or tell you the 2018 premium for your current plan.

You also may request a printed copy of premiums for plans for which you are eligible. If you want the printed version mailed to you, you must call by Nov. 15, 2017, to be sure it arrives before Open Enrollment ends.

For complex medical plan questions, contact the Health Care Facilitator at the campus from which you retired. See page 6 for contact information.

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

Take a fresh look at all of your benefits choices to make sure you have the best coverage for your needs — keeping in mind how you use health care, and whether there have been any changes in your plan's costs, your health or your family situation. You have the option to keep your current plan if it's working well for you.

HIGHLIGHTS

- Most retirees will see increases in their premiums this year due to rising health care costs (see pages 10-11). Dental plans are still offered by UC at no cost to retirees who are eligible for the full UC contribution.
- Effective Jan. 1, 2018, Anthem Blue Cross will administer pharmacy benefits for all of UC's preferred provider organization (PPO) medical plans, replacing OptumRx (see page 4).
- Western Health Advantage (WHA) members will continue to have access to UC Davis Health

providers and facilities, but there are a few changes to your plan (see page 4).

- The Vision Plan and ARAG Legal Plan are both open for enrollment this year, with Legal Plan enhancements that include new coverage for family and real estate law (see page 5).

Visit the Open Enrollment website:
ucnet.universityofcalifornia.edu/oe

to get all the details. Then sign in to At Your Service (AYS) Online and make any changes by 5 p.m. on Tuesday, Nov. 21.

WHAT'S NEW OR CHANGING FOR 2018

PREFERRED PROVIDER ORGANIZATION (PPO) MEDICAL PLANS

PHARMACY BENEFIT CHANGES

For 2018, Anthem Blue Cross will replace OptumRx and administer pharmacy benefits for all of UC's preferred provider organization (PPO) medical plans, and will continue to administer medical and behavioral health benefits. This change will affect retirees enrolled in:

- Core
- UC Care
- UC Health Savings Plan
- UC High Option Supplement to Medicare
- UC Medicare PPO (with Rx)

UC and Anthem are working to minimize disruption during this transition. For the most part, open prescriptions will transfer automatically, and prior authorizations will remain in effect after the transition. Anthem will reach out with more information about changes that may affect you.

Still, to make sure you're prepared for the change, it's a good idea to:

- Refill prescriptions before the end of the year.
- Check the Anthem formulary and prescription drug costs. Your current covered medications will continue to be covered, but the cost of your medications may change. You may want to talk to your doctor about an alternative formulary drug to help you manage your costs.

PPO members in non-Medicare plans will have more options for prescription refills. You can get a 90-day supply at CVS and selected Anthem Retail90 pharmacies, as well as at UC Medical Center pharmacies, Walgreens, Safeway/Vons and Costco. UC Care members pay only two copayments for the 90-day supply, except at Anthem Retail90 pharmacies. Oral contraceptives may now be dispensed up to a 12-month supply.

LIVE HEALTH ONLINE TO INCLUDE PSYCHIATRISTS

The Live Health Online network of doctors has been expanded to include psychiatrists, with appointments available 24/7. Live Health Online services are not covered by UC's Medicare plans, but they are available by paying the full cost of the service. See ucppoplans.com for information about requirements and how to get started.

INCREASED URGENT CARE OPTIONS FOR UC CARE MEMBERS

Services at urgent care centers in the Anthem Preferred network will no longer be subject to a deductible, and will be covered with a \$30 copay.

UC HEALTH SAVINGS PLAN CONTRIBUTION AND DEDUCTIBLE LIMITS

The individual Health Savings Account contribution maximum will increase from \$3,400 to \$3,450, and the maximum contribution for family coverage will increase from \$6,750 to \$6,900. The annual in-network and out-of-network deductibles for the UC Health Savings Plan will increase by \$50 for individual coverage and by \$100 for family coverage.

HMO MEDICAL PLANS

CHANGES FOR WESTERN HEALTH ADVANTAGE (WHA) MEMBERS

Although UC Davis Health has modified its agreement with Western Health Advantage, UC WHA members and their families may continue to see their current UC Davis Medical Group primary care provider (PCP) or select a UC Davis Medical Group PCP in the future.

While your PCP choices remain unchanged in 2018, UC WHA members will not have access to the Advantage Referral program, which allows for specialty referrals across medical groups. The following rules will apply:

- WHA members who want to access UC Davis Health facilities or specialists must be assigned to the UC Davis Medical Group for primary care.
- WHA members may only be referred to specialists outside their assigned medical group in cases of medical necessity, or where the member's assigned medical group does not have the specialty services available within its network.
- Self-referrals for OB-GYN care and annual eye exams must remain within the member's assigned medical group.

For details, including options for UC members who are currently accessing specialty care through Advantage Referral, call WHA's Coverage Transition Team at 916-246-7494 or visit mywha.org/PCPtransition.

HEALTH NET AND KAISER

Health Net Blue & Gold and Kaiser Permanente plans will continue to be offered, with no significant plan changes for 2018.

Health Net Blue & Gold members in the San Francisco Bay Area can continue to benefit from the Bay Area-wide Canopy Health network. If your PCP is part of the network, he or she can offer referrals to any specialist within Canopy Health.

MEDICARE PLANS

MEDICARE COSTS

Prescription Drug Part D TrOOP (true out-of-pocket) maximums will increase from \$4,950 to \$5,000. Copayments for certain services will increase slightly for low-income subsidy-eligible Medicare enrollees.

SELECT GENERICS PROGRAM

Generic versions of select drugs for chronic conditions will be covered with a \$0 copay for members of UC Medicare PPO and UC High Option.

HEALTH NET SENIORITY PLUS CHANGES

The network for Health Net Seniority Plus is expanding to include all of Placer County.

In addition, Health Net Seniority Plus members who are part of Sutter Medical Group will have access to behavioral health providers from MHN's network only. These members previously utilized Sutter behavioral health providers.

OTHER BENEFITS CHANGES

COST SHARING ELIMINATED FOR SOME STATINS

Low- to moderate-dose statins will be covered at \$0 copay for cardiovascular disease prevention, provided certain criteria are met. This change applies to all of UC's non-Medicare plans.

THE ATHENA WISDOM STUDY

Women meeting age criteria are eligible to participate in the Athena Wisdom Study, which includes a range of breast health screening services. The Wisdom Study is one of many ongoing clinical trials throughout the UC Health system, and participation is voluntary. Health plan coverage for the Wisdom Study is available through Core, Health Net Blue & Gold, UC Care and UC Health Savings Plan. Health plan members who do not wish to participate will still be eligible for the standard level of care.

DENTAL PLANS

Both UC dental plans will continue to be fully paid by UC on behalf of retirees and their families (for those who are eligible for the full UC contribution). The Delta Dental PPO Plan will expand coverage for fluoride treatments for members age 13 and over (previously covered up to age 13).

LEGAL INSURANCE

Legal insurance, offered by ARAG, is open for enrollment this year, with new family law, real estate and document preparation benefits.

CONTACT INFORMATION

HMO PLAN CARRIERS

HEALTH NET BLUE & GOLD/SENIORITY PLUS

800-539-4072
healthnet.com/uc

KAISER PERMANENTE-CALIFORNIA

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

KAISER PERMANENTE-SENIOR ADVANTAGE

800-443-0815
my.kp.org/universityofcalifornia

WESTERN HEALTH ADVANTAGE

888-563-2252
westernhealth.com/members/ucd_active.cfm

PPO PLAN CARRIER

ANTHEM BLUE CROSS

844-437-0486
ucppoplans.com

- Core
- UC Care
- UC Health Savings Plan
- UC High Option Supplement to Medicare
- UC Medicare PPO
- UC Medicare PPO Without Prescription Drugs

OTHER CARRIERS

ARAG LEGAL

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

DELTACARE® USA

800-422-4234
deltadentalins.com/uc

DELTA DENTAL PPO

800-777-5854
deltadentalins.com/uc

HEALTHEQUITY

866-212-4729
healthequity.com/uc

OPTUM BEHAVIORAL HEALTH

888-440-8225
liveandworkwell.com, enter 11280

PRUDENTIAL (AD&D)

800-524-0542
prudential.com/uc

VISION SERVICE PLAN

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

HEALTH CARE FACILITATORS

BERKELEY

510-664-9000, option 3

LAWRENCE

**BERKELEY
NATIONAL
LABORATORY**

510-486-6997

DAVIS

530-752-4264

IRVINE

949-824-9065

LOS ANGELES

310-794-3057

MERCED

209-205-0851

OFFICE OF

THE PRESIDENT

510-987-0900

RIVERSIDE

951-827-2636

SAN DIEGO

858-822-2197

SAN FRANCISCO

415-514-3324

SANTA BARBARA

805-893-4201

SANTA CRUZ

831-459-3573

YOUR OPEN ENROLLMENT “HOW TO”

LEARN MORE ABOUT YOUR CHOICES ONLINE:

ucnet.universityofcalifornia.edu/oe

You can find detailed information about all of your choices, in English and Spanish, or check out a video for a crash course in:

- UC’s non-Medicare medical plans (English and Spanish)
- Understanding medical terms and concepts
- Making the most of your medical plan

HOW TO...

Update your contact information

Sign in to your AYS Online account to change or confirm your personal information, or submit form UBEN 100.

Suspend or unsuspend your UC medical and/or dental plans

Submit Form UBEN 100, available on UCnet. You’ll find instructions on the form.

Change your primary care physician

If you would like to change your primary care physician, and you are not changing your medical plan, call your plan to request the change. See page 6 for contact information.

Retrieve your AYS Online password

Select “Forgot your Password?” and enter your username or Social Security number. You can have a temporary password sent to your email address on file, or gain access by answering the AYS Online Challenge Questions.

If you do not have a current email on file with UC or if you have never set up a personal account, call the UC Retirement Administration Service Center (800-888-8267) and they will help you set up an account or reset your password.

Learn more in person

Health care facilitators will lead Open Enrollment information sessions for retirees and emeriti at most UC locations. Visit the Open Enrollment website for dates and details.

ARE YOUR BENEFICIARIES UP-TO-DATE?

It is important to name beneficiaries to ensure that any benefits payable at your death are left to the survivors you intend. While you’re making Open Enrollment changes on UCnet, check to see if your beneficiaries and their contact information are up to date.

The beneficiary designations you make via UCnet will not apply to your Retirement Savings Program plans (DC, 403(b) and 457(b) Plans) or to your Health Savings Account (HSA). To name beneficiaries for your Retirement Savings Program plans, sign in to myUCretirement.com, select “My Account” and then “Update Beneficiaries.” To name a beneficiary for your HSA, call HealthEquity at 866-212-4729.

Keep in mind that 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 his or her share of that portion of the benefit that is considered community property.

SUMMARIES OF BENEFITS AND COVERAGE ARE ONLINE

Choosing a medical plan is an important decision, and UC offers a range of plans and coverage options. To help you make an informed choice, each of the medical plans makes available a Summary of Benefits and Coverage (SBC), which provides important information about that plan’s coverage in a standard format so that you can easily compare plans.

The SBCs are available online at ucnet.universityofcalifornia.edu/oe and on each plan’s website. Paper copies are also available, free of charge, by calling the plans.

THINGS TO CONSIDER

IF YOU OR A FAMILY MEMBER BECOME ELIGIBLE FOR MEDICARE IN 2018

If you are currently enrolled in UC retiree health insurance and become eligible to enroll in Medicare in 2018 with Part A premium-free, consider whether the Medicare version of your current medical plan offers the benefits you want and your Primary Care Physician (PCP) or Primary Medical Group (PMG) accepts Medicare. If not, Open Enrollment is the time to change plans. Most plans do not allow you to change plans mid-year simply because you have become eligible for Medicare.

The Medicare version of your medical plan may have different benefits, medical groups, specialists and behavioral health providers. Medicare plan service areas may differ from non-Medicare plan service areas. To learn more, call the plan directly or visit its website. For Medicare information, read the Medicare Fact Sheet or “Enrolling in Medicare” on UCnet (ucal.us/medicare). The fact sheet and other Medicare enrollment forms needed to continue your UC insurance can be obtained online or by calling the Retirement Administration Service Center at 800-888-8267, Monday-Friday, 8:30 a.m. to 4:30 p.m.

Some of UC’s retiree medical plans have Medicare versions (Kaiser Permanente CA, Health Net Blue & Gold) and some have corresponding partner plans (UC Care, Core). If your existing retiree plan has a Medicare version or partner plan, you’ll be transferred into that when you turn 65, once Medicare has approved your enrollment form.

NON-MEDICARE PLANS	CORRESPONDING MEDICARE PLANS
UC Care	UC Medicare PPO
Core	UC Medicare PPO
Health Net Blue & Gold HMO	Health Net Seniority Plus
Kaiser Permanente CA	Kaiser Permanente Senior Advantage

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

- Kaiser Permanente Senior Advantage
- Health Net Seniority Plus
- UC Medicare PPO
- UC Medicare PPO without Prescription Drugs^{1,2}
- UC High Option Supplement to Medicare²

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. You must send UC a Medicare denial letter before you turn 65 to continue your UC coverage and to avoid any penalties (currently \$419.60/month). Contact Social Security to request this letter and to see if you may be eligible for Medicare under a spouse, former spouse or deceased spouse.

¹ You are eligible to enroll in this plan only if you have a creditable prescription drug plan outside of UC; you may be asked for proof of enrollment.

² You are eligible to enroll in this plan if you and all your covered family members are enrolled in Medicare.

ONEEXCHANGE PROGRAM FOR MEDICARE RETIREES AND SURVIVORS OUTSIDE CALIFORNIA

If you live outside California and all covered members of your family are eligible for Medicare, UC has a special program for providing your medical benefits. In the OneExchange program, UC provides you with a Health Reimbursement Arrangement, which you use to buy your own individual Medicare plan, including Kaiser. Depending on when all family members become eligible for Medicare, this program may apply to you on the next Jan. 1. If you become eligible for this program, OneExchange will notify you and explain the actions you will need to take. Read more about the OneExchange Medicare Coordinator Plan on the Open Enrollment website (ucnet.universityofcalifornia.edu/oe) or call the Retirement Administration Service Center if you have any questions.

FAMILY MEMBER ELIGIBILITY VERIFICATION

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

If you add a family member to your coverage during Open Enrollment, in early 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 legal wards.

Currently, Secova, Inc. 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 2018 and you or a family member has ongoing health care needs, you should understand how your plan change will affect your ability to continue with your current health care providers or proceed with planned care.

If you voluntarily change plans and your current plan is still being offered, your new plan is not required to provide transition of care assistance. You should verify that your providers and facilities are part of your new plan network and will be accessible to you in the new year. Your costs for continuing care with your current providers after Jan. 1 will depend on the plan you select.

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

YOUR MEDICAL PLAN COSTS

The monthly costs for medical coverage here apply to retirees eligible for 100 percent of the UC/ employer contribution toward the premium for each plan. You are eligible for the full 100 percent contribution if you retired with 20 or more years of service or became a UCRP member before 1990 and did not have a break in service before retiring.

If you are subject to graduated eligibility and, therefore, not eligible for the maximum UC/employer contribution, your costs may be higher than those listed here. If you are subject to graduated eligibility for retiree medical insurance and receive less than 100 percent of the UC contribution, you can find your 2018 premium online, beginning Oct. 26.

It is important to compare your 2018 premium costs before making a decision to stay with your current plan or make a change.

Plan Cost Key

\$0.00	—	Your Premium
\$134.00	—	Medicare Part B Reimbursement

Medicare Part B reimbursement may apply if your premium cost is \$0.00. If applicable, UC will reimburse you based on a Medicare Part B premium of up to \$134.00 per person. Reimbursements vary and are added automatically to your monthly retirement payment.

WHEN ALL FAMILY MEMBERS ARE IN MEDICARE

MEDICARE PLANS	S Self in Medicare	+A or +C Both in Medicare	+F All in Medicare
Health Net Seniority Plus	\$76.66 \$0.00	\$153.32 \$0.00	\$229.98 \$0.00
Kaiser Permanente/Senior Advantage	\$0.00 \$92.58	\$0.00 \$185.16	\$0.00 \$277.74
UC High Option Supplement to Medicare	\$126.66 \$0.00	\$253.32 \$0.00	\$379.98 \$0.00
UC Medicare PPO	\$39.66 \$0.00	\$79.32 \$0.00	\$118.98 \$0.00
UC Medicare PPO without Prescription Drugs	\$0.00 \$134.00	\$0.00 \$268.00	\$0.00 \$402.00

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

WHEN ONE OR MORE FAMILY MEMBERS ARE NOT MEDICARE ELIGIBLE

NON-MEDICARE/MEDICARE PLANS	+A 1 Adult in Medicare	+C Adult in Medicare	+F 1 Adult in Medicare	+F 2 Adults in Medicare
CORE/UC Medicare PPO	\$0.00 \$134.00	\$0.00 \$134.00	\$0.00 \$134.00	\$0.00 \$164.22
Health Net Blue & Gold/ Seniority Plus	\$384.53 \$0.00	\$269.83 \$0.00	\$577.71 \$0.00	\$346.50 \$0.00
Kaiser Permanente/Senior Advantage	\$74.91 \$0.00	\$0.00 \$1.50	\$166.00 \$0.00	\$0.00 \$94.07
UC Care/ UC Medicare PPO	\$420.91 \$0.00	\$286.20 \$0.00	\$667.45 \$0.00	\$325.86 \$0.00

NON-MEDICARE PLANS	S	+C	+A	+F
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold	\$241.47	\$434.64	\$549.34	\$742.52
Kaiser Permanente—California	\$113.85	\$204.93	\$281.34	\$372.43
UC Care	\$308.17	\$554.71	\$689.42	\$935.96
UC Health Savings Plan	\$141.34	\$254.41	\$339.07	\$452.14
Western Health Advantage	\$128.92	\$232.06	\$312.99	\$416.15

NON-MEDICARE PLANS AGE 65 AND OVER, NOT MEDICARE ELIGIBLE	S	+C	+A	+F
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold	\$75.62	\$136.11	\$225.08	\$285.58
Kaiser Permanente—California	\$55.02	\$99.04	\$123.85	\$167.85
UC Care	\$142.32	\$256.18	\$365.16	\$479.02
UC Health Savings Plan	\$55.88	\$100.59	\$125.74	\$170.43
Western Health Advantage	\$55.83	\$100.49	\$125.62	\$170.26

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

OTHER BENEFIT PLAN COSTS

ARAG LEGAL PLAN MONTHLY COSTS

Self	\$10.87
Retiree+Child(ren)	\$14.95
Retiree+Adult	\$14.95
Retiree+Family	\$16.31

VISION PLAN MONTHLY COSTS

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

DENTAL PLAN COSTS

UC continues to pay the full cost of dental coverage provided you are eligible for 100 percent of the UC/employer contribution.

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 employee exceeded \$250,000

IMPORTANT NOTICES

UNIVERSITY OF CALIFORNIA HEALTHCARE PLAN NOTICE OF PRIVACY — 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.” UC’s self-funded plans for 2018 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.

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 Practice — 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.

A copy of the updated Notice is posted on the UCnet website at ucal.us/hipaa or you may obtain a paper copy of this Notice by calling the UC Healthcare Plan Privacy Officer at 800-888-8267, press 1. The Notice was updated effective Jan. 1, 2018 to reflect the current healthcare plan options.

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.

IRS FORM 1095

The Affordable Care Act requires most individuals and their family members to have qualified health insurance. In early 2018, you will receive one or more versions of Form 1095, which you'll use to confirm your health coverage when you file your 2017 federal income taxes. Depending on the type of coverage you have, you may receive Form 1095-B from your medical plan, Form 1095-C from UC, or both. UC retirees in Medicare will receive the form from Medicare.

You are encouraged to sign up on AYS Online to receive your Form 1095 from UC electronically and avoid any delays.

In order to verify that individuals have health insurance that satisfies the requirements of the Affordable Care Act, the IRS requires UC and health plans to solicit covered members' Social Security numbers. If UC doesn't have Social Security numbers for you or your covered family members, please provide the information to the Retirement Administration Service Center.

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 receive coverage for the following: reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce

a symmetrical appearance; and prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Coverage will be provided in a manner determined in consultation with the patient's physician and is subject to the same deductibles, coinsurance and copayments that apply to other medical or surgical benefits covered under the plan.

If you have questions, please contact your medical plan carrier or refer to your carrier's plan booklet for specific coverage.

IMPORTANT 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

IMPORTANT NOTICES

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 Oct. 15 to Dec. 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.

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

IMPORTANT NOTICES

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>.

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>

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.

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 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.

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

TERMS AND CONDITIONS

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.

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.

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

Presorted
First Class Mail
U.S. Postage Paid
Oakland, CA
Permit No. 208

Open Enrollment

FOR RETIREES

October 26 –
November 21, 2017

UNIVERSITY
OF
CALIFORNIA

2050-RET 10/17 48.5M

