

UNIVERSITY
OF
CALIFORNIA



Open

Enrollment

HIGHLIGHTS

- New disability options
- Good news about costs
- PPO medical plan vendor changes

**FOR FACULTY
AND STAFF**

October 27–
November 22, 2016

YOUR OPEN ENROLLMENT “TO DO” LIST

- Now is the time to make sure you’re enrolled in the right medical plan for you and your family. View our medical benefits video and access other online tools to learn more.
- You have a one-time opportunity to enroll in UC’s new disability insurance plans without submitting a statement of health. To learn about your options, visit UCnet’s disability page (ucal.us/disability2017).
- Decide whether you want to enroll or re-enroll in a Health or Dependent Care Flexible Spending Account. Then use the CONEXIS calculator tools to determine how much you want to contribute in 2017. Remember, if you’re in the UC Health Savings Plan, you cannot enroll in the Health FSA.
- If you want to change your primary care physician and you are not changing your medical plan, call your plan to request the change.
- Go online to ucnet.universityofcalifornia.edu/oe and sign in to your account to make your elections by Nov. 22 at 5 p.m.
- If you need to enroll or de-enroll your eligible family members, select “Family Member” from the menu on the left.
- Confirm your changes and print a copy of your elections for your records (select the print-friendly option on the confirmation page).
- Review your confirmation statement carefully to ensure that your benefit elections were recorded correctly. You must report any errors or discrepancies to your benefits office immediately.

Any changes you make during Open Enrollment will be effective Jan. 1, 2017.

OPEN ENROLLMENT IS ONLINE

Go to ucnet.universityofcalifornia.edu/oe for all the details of your benefits changes and how to enroll in or change your benefits for 2017.

IF YOU DON’T HAVE ACCESS TO A COMPUTER

If you need additional information or a form to complete your benefits changes during Open Enrollment, contact your local benefits office.

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 at ucnet.universityofcalifornia.edu/oe (see Medical Plans) and on each plan’s website. Paper copies are also available, free of charge, by calling the plans (see page 12).

ARE YOU IN A DOMESTIC PARTNERSHIP?

Eligibility rules for domestic partners are different for health and welfare benefits and for UC Retirement Plan benefits. Check out “Establishing a domestic partnership” on UCnet (ucal.us/domesticpartnership) to make sure you’ve established your partner’s eligibility for UCRP survivor and death benefits.

OPEN ENROLLMENT

There are significant changes to UC's benefits offerings for 2017, so be sure to review this booklet carefully. Don't miss your opportunity to choose the right benefits for you and your family.

SOME HIGHLIGHTS:

- Don't miss this one-time opportunity to add UC's Voluntary Disability Insurance during Open Enrollment. Disability coverage can help protect your finances if you miss work because of a pregnancy, illness or injury.
 - Employees will see minimal medical premium increases, or even premium decreases. Dental and vision plans are still offered by UC at no cost for employees.
 - Kaiser Permanente and Health Net Blue & Gold have expanded networks for increased options for HMO members.
 - UC's preferred provider organization (PPO) medical plans (Core, UC Care and UC Health Savings Plan) will have new administrators next year for medical, behavioral health and prescription drug benefits.
 - ARAG Legal Plan is open for enrollment this year, with plan enhancements that include assistance with tax issues.
- 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 your changes by 5 p.m. on Thursday, Nov. 22.

Take advantage of online tools to learn more about your choices:

ucnet.universityofcalifornia.edu/oe

VISIT THE OPEN ENROLLMENT WEBSITE FOR:

Videos to help you understand your benefits:

- Disability benefits
- Medical plan comparison in English and Spanish
- Understanding medical terms and concepts
- Making the most of your medical plan

Medical plan chooser—An interactive tool that helps you find the best medical plan for you based on your personal profile



TIPS ABOUT MEDICAL PLANS:

Lower out-of-pocket costs for care:

- Health Net Blue & Gold HMO
- Kaiser Permanente
- Western Health Advantage

Lower monthly premiums:

- Core
- Kaiser Permanente
- UC Health Savings Plan
- Western Health Advantage

More flexibility in choosing doctors:

- Core
- UC Care
- UC Health Savings Plan

Access to care outside California:

- Core
- UC Care
- UC Health Savings Plan

Access to UC medical centers and doctors:

- Core
- Health Net Blue & Gold HMO
- UC Care
- UC Health Savings Plan
- Western Health Advantage

WHAT'S NEW FOR 2017

DISABILITY INSURANCE — CHANGES AND NEW OPPORTUNITIES

Time away from work for a pregnancy, illness or unexpected injury could mean months without a paycheck. While UC's basic employer-paid disability insurance offers some protection — a benefit capped at \$800 per month for six months — it probably won't be enough to cover your expenses. For a modest monthly premium, UC's Voluntary Disability Insurance replaces much more of your income — 60 percent of your eligible pay up to \$15,000 per month — for increased financial security when you need it most.

UC is changing its disability insurance offerings to give all eligible employees new options for protecting their finances. During Open Enrollment, you'll have a one-time opportunity to enroll in Voluntary Short-Term Disability (benefits up to six months), Long-Term Disability (benefits after six months, up to your Social Security normal retirement age) or both, depending on your needs and budget.

Plus, UC has expanded eligibility for basic (UC-paid) and voluntary (employee-paid) disability coverage to all employees eligible for full, mid-level or core benefits, so this may be your first opportunity to enroll in voluntary coverage.

IF YOU ARE NOT ENROLLED IN SUPPLEMENTAL DISABILITY INSURANCE

If you've never thought about disability insurance, this is the year to take a look. During Open Enrollment, you cannot be denied coverage due to an existing medical condition. Later, you'll need to submit a statement of health, and you may not qualify. This is especially important if you're considering becoming pregnant; if you wait to enroll until after you're pregnant (outside of this year's Open Enrollment), your application won't be approved.

IF YOU ARE ALREADY ENROLLED IN SUPPLEMENTAL DISABILITY INSURANCE

To ensure continuing protection, those who are currently enrolled in Supplemental Disability and don't take action during Open Enrollment will be automatically enrolled in both Short- and Long-Term Voluntary Disability Insurance. This change will affect your premium costs, though, so take the time to choose the coverage you need. You can reduce or discontinue coverage at any time.

2017 DISABILITY PLAN BENEFITS AND COSTS

UC's employer-paid Basic Disability plan provides up to 55 percent of your eligible monthly earnings, to a maximum of \$800 per month, for up to six months. Benefits begin at the end of a 14-day waiting period or after you use up to 22 days of available sick leave, whichever is later. Basic Disability income is generally taxable.

Voluntary Disability Insurance provides up to 60 percent of your eligible earnings, to a maximum of \$15,000 per month. Voluntary Disability income is generally not taxable, since you pay the premiums with after-tax dollars.

The start date and duration of your benefits depends on the level of coverage you choose:

- **Short-term only** – Benefits begin at the end of a 14-day waiting period or after you use up to 22 days of available sick leave, whichever is later. Benefits continue for up to six months.
- **Long-term only** – Benefits begin after six months, until your Social Security normal retirement age (go to ssa.gov for more information on how this is calculated). This might be a good option for employees with a lot of sick leave accrued, academic employees eligible for paid medical leave, or those who can cover household expenses without much income for up to six months.
- **Short and long-term** – Benefits begin at the end of a 14-day waiting period or after you use up to 22 days of available sick leave, whichever is later. You can receive benefits until your Social Security normal retirement age for most conditions. Choosing both short- and long-term coverage provides the most comprehensive protection for all types of disability leaves.

Premium costs depend on your monthly salary, age and the level of coverage you choose (short-term, long-term or both). To estimate your costs, and to learn more about how the plans work, go to the UCnet disability page (ucal.us/disability2017).

PREFERRED PROVIDER ORGANIZATION (PPO) MEDICAL PLANS

Beginning Jan. 1, 2017, UC's PPO medical plans (CORE, UC Care and UC Health Savings Plan) will have new administrators for medical, behavioral health and prescription drug benefits. Also, UC Care will have a different structure for maximum out-of-pocket costs.

PPO ADMINISTRATOR CHANGES

The administrator of your plan processes claims, creates a network of health care providers or pharmacies and sets clinical policies and guidelines.

For 2017, a number of administrators will be changing for UC's PPO plans:

- **Medical** – Anthem Blue Cross replaces Blue Shield as the administrator of medical benefits for UC's PPO plans (Core, UC Care and UC Health Savings Plan). HealthEquity will continue as the health savings account custodian.
- **Behavioral health** – Anthem Blue Cross replaces Optum as the administrator of behavioral health benefits for UC Care and UC Health Savings Plan. Anthem replaces Blue Shield as the administrator of behavioral health benefits for Core.
- **Prescription drugs** – OptumRx replaces Blue Shield as the administrator of prescription drug benefits for UC's

WHAT'S NEW FOR 2017

PPO plans. OptumRx also administers home delivery of maintenance medications and specialty medications for complex conditions.

If you are continuing your enrollment in Core, UC Care or UC Health Savings Plan, you and each of your family members will get a new ID card from Anthem Blue Cross that you can use to access medical care, behavioral health services and prescription medications. You'll also have a new member website and medical or behavioral health phone number to view your explanation of benefits and to get information about coverage and claims. For general questions about covered services, go to anthem.com/ca/uc or call the Anthem Health Guide toll-free at 844-437-0486. For prescription drug questions, go to optumrx.com/UOCALIF or call the OptumRx Member Services team toll-free at 855-489-0651.

UC has worked to minimize disruptions for members, but there will be some changes to medical and behavioral health provider networks and to pharmacy costs. If you are a continuing member, our "Transition Checklist" can help you prepare for the change.

TRANSITION CHECKLIST FOR CONTINUING MEMBERS

During Open Enrollment, be sure to:

- **Confirm your current doctors and other providers (including behavioral health) are in-network.** Call Anthem Health Guide or search for your provider on anthem.com/ca/uc.
- **Check OptumRx formulary and prescription drug costs.** OptumRx uses a different formulary than Blue Shield. Your current covered medications will continue to be covered, but the cost of the medications may change. View the OptumRx formulary on optumrx.com/UOCALIF and use the Optum Price and Save tool to help you identify cost options for your medications. You may want to talk to your doctor about an alternative formulary drug to help you manage your costs. For questions, call OptumRx Member Services.
- **Request transition assistance.** If you are currently receiving medical or behavioral health care from a provider that will not be in-network in 2017, transition assistance may be available for:
 - An acute (short-term) or serious chronic (long-term) medical or behavioral health condition
 - Pregnancy and newborn care
 - A planned surgery or other procedure
 - A terminal illness

Call Anthem Health Guide to request transition assistance.

- **Request prior authorization.** If you received a prior authorization for a medical or behavioral health service from Blue Shield or Optum, but the procedure or treatment is scheduled after Jan. 1, 2017, you will need to get another prior

authorization from Anthem Blue Cross. Call Anthem Health Guide for assistance.

UC CARE OUT-OF-POCKET MAXIMUMS

The out-of-pocket maximum is the most you pay in a year for covered services. UC Care currently has one out-of-pocket maximum for combined medical and behavioral health services and a separate out-of-pocket maximum for prescription drugs.

Beginning Jan. 1, 2017, UC Care's medical, behavioral health and prescription drug out-of-pocket maximums will be combined. What you pay (your copayments and coinsurance) for medical and behavioral health services and for prescription drugs will all count toward one combined out-of-pocket maximum. This may affect your costs, depending on how you use services. To learn more, go to uc-care.org and click on "What's Changing."

UC HEALTH SAVINGS PLAN (HSP)

The individual contribution limit for the UC HSP Health Savings Account (HSA) will increase from \$3,350 to \$3,400. The family limit remains unchanged at \$6,750. UC will continue to contribute to the HSA annually up to \$500 for individual coverage and \$1,000 for all other coverage. This one-time UC contribution to your HSA is based on your coverage level as of Jan. 1, and will not be adjusted midyear if your coverage level changes.

You earn interest on your HSA, and can invest any funds over a minimum threshold balance. Any interest you earn is not taxed, as long as it is used for healthcare expenses. To make it easier for you to invest your HSA funds, UC has lowered the 2017 minimum threshold balance from \$2,000 to \$1,000.

Starting in January, claims information from Delta Dental and Vision Service Plan (VSP) will be sent to HealthEquity, so you can pay your claims directly from the HealthEquity Member Portal.

TIPS

Urgent Care and Telemedicine

Avoid expensive and inconvenient emergency room visits by opting for urgent care or telemedicine for non-emergency situations. To make this easier, health plans are enhancing their urgent care and telemedicine options. Check your plan website to learn more about the options available to you.

New Tool

PPO members have a new tool — Castlight, offered by Anthem Blue Cross — to help them make care choices based on cost and quality. Starting Jan. 1, 2017, register and log in at anthem.com/ca/uc to learn more about this resource.

HMO MEDICAL PLANS

There will be no significant HMO plan changes in 2017, but expanded networks for Kaiser Permanente and Health Net Blue & Gold may make an HMO plan a better option for some members.

KAISER PERMANENTE EXPANSION INTO SANTA CRUZ COUNTY

If you are a resident of Santa Cruz County, you will have a new option for care next year. As of Jan. 1, 2017, Kaiser Permanente will have medical offices in Watsonville, downtown Santa Cruz and Scotts Valley — offering primary care, some specialty services, laboratory, pharmacy and radiology services. Local hospital services and inpatient care will be provided by Watsonville Community Hospital as well as at nearby Kaiser Permanente medical centers in Santa Clara and San Jose.

NEW OPTIONS FOR HEALTH NET BLUE & GOLD MEMBERS

New Blue & Gold medical group choices in 2017 include Facey Medical Group in Los Angeles and Ventura counties, Monarch HealthCare Medical Group in Orange County, and Primary Care Associates Medical Group in San Diego County. Members of Direct Network — Merced will now have access to physicians located at Dignity Health Medical Group — Merced.

Health Net Blue & Gold members in the San Francisco Bay Area will benefit from the Canopy Health alliance formed between Hill Physicians-SF (UCSF), John Muir Health, Meritage Medical Network and the affiliated hospitals. If you choose a PCP within one of these medical groups, you will have access to the entire Canopy Health alliance and your PCP can offer referrals to any clinically appropriate specialist within Canopy Health.

OPTUM BEHAVIORAL HEALTH

Upon request, an Optum intake specialist will reach out to appropriate providers for information about appointment availability. Within three business days, the intake specialist will contact the member with appointment date and time choices.

Optum's Family Support Program will be offered to all members in 2017. Through this program, a licensed clinician works with the families of teenagers and young adults with substance abuse problems, offering assessment, guidance and referrals to appropriate treatment centers or clinicians.

OTHER BENEFITS CHANGES

DENTAL PLANS

Both UC dental plans will continue to be fully paid by UC on behalf of employees and their families. The Delta Dental PPO Plan will include new coverage of a risk-based second oral exam per year.

LIFE INSURANCE PLANS

For 2017, rates on employee Supplemental Life Insurance will decrease 7.4 percent and rates on Dependent Supplemental Life Insurance will decrease 7.5 percent. There are no benefit changes to UC's life insurance plans.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The vendor for AD&D is changing from AIG to Prudential as of Jan. 1, 2017. There are some minor benefit changes; refer to the plan booklet on UCnet for details. Faculty and staff rates will not change.

LEGAL INSURANCE

Legal insurance, offered by ARAG, is open for enrollment this year, with the addition of several new benefits for help with tax planning, administrative hearings and domestic violence protection. Legal premiums will increase slightly (less than 50 cents per month on average).

HEALTH FLEXIBLE SPENDING ACCOUNT BALANCE CARRY-OVER — IF YOU DO NOT RE-ENROLL

Beginning with the 2017 plan year, you must have at least \$25 remaining in your account after the run-out period (April 15 of the next plan year) to be able to carry over funds to the next plan year. Funds under \$25 are forfeited. You may only carry over funds (up to \$500) for one year.

TIPS

Protect Your Family Members — Update Your Beneficiaries

Change your UC Retirement Plan (including Pension Choice) and insurance plan beneficiaries on AYS Online. Change your Savings Choice plan and Retirement Savings Program beneficiaries on myUCretirement.com.

Coming Soon

To ensure UC has up to date information, you may need to recertify the eligibility of your spouse or domestic partner, grandchildren and legal wards. If needed, Secova, Inc. (administrator of the verification program for UC) will contact you for information. Failure to respond to, or comply with, the Family Member Eligibility Verification (FMEV) notifications sent by Secova, Inc. may result in the de-enrollment of your unverified dependents.

YOUR MEDICAL PLAN COSTS

UC has once again avoided significant cost increases for faculty and staff. Increases to employee contributions are small — fewer than 10 percent of employees will see an increase of over \$10 per month, and no increases are over \$12. Employee contributions for UC Care are decreasing this year.

Below are the 2017 monthly employee costs for medical plan premiums based on your full-time salary rate as of Jan. 1, 2016.

FOR THOSE WITH FULL-TIME SALARY RATE OF \$53,000 OR LESS

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
CORE (PPO)	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold (HMO)	\$37.08	\$66.74	\$135.29	\$164.95
Kaiser Permanente - CA (HMO)	\$17.78	\$32.00	\$38.94	\$53.14
UC Care (PPO)	\$88.75	\$159.75	\$243.81	\$314.82
UC Health Savings Plan (PPO)	\$16.93	\$30.47	\$37.08	\$50.60
Western Health Advantage (HMO)	\$17.78	\$32.00	\$38.94	\$53.14

FOR THOSE WITH FULL-TIME SALARY RATE OF \$53,001 TO \$104,000

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
CORE (PPO)	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold (HMO)	\$73.13	\$131.63	\$217.59	\$276.09
Kaiser Permanente - CA (HMO)	\$53.83	\$96.89	\$121.24	\$164.28
UC Care (PPO)	\$124.80	\$224.64	\$326.11	\$425.96
UC Health Savings Plan (PPO)	\$52.98	\$95.36	\$119.38	\$161.74
Western Health Advantage (HMO)	\$53.83	\$96.89	\$121.24	\$164.28

FOR THOSE WITH FULL-TIME SALARY RATE OF \$104,001 TO \$156,000

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
CORE (PPO)	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold (HMO)	\$110.13	\$198.23	\$291.35	\$379.45
Kaiser Permanente - CA (HMO)	\$90.83	\$163.49	\$195.00	\$267.64
UC Care (PPO)	\$161.80	\$291.24	\$399.87	\$529.32
UC Health Savings Plan (PPO)	\$89.98	\$161.96	\$193.14	\$265.10
Western Health Advantage (HMO)	\$90.83	\$163.49	\$195.00	\$267.64

FOR THOSE WITH FULL-TIME SALARY RATE OF \$156,001 OR MORE

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
CORE (PPO)	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold (HMO)	\$148.44	\$267.19	\$367.77	\$486.52
Kaiser Permanente - CA (HMO)	\$129.14	\$232.45	\$271.42	\$374.71
UC Care (PPO)	\$200.11	\$360.20	\$476.29	\$636.39
UC Health Savings Plan (PPO)	\$128.29	\$230.92	\$269.56	\$372.17
Western Health Advantage (HMO)	\$129.14	\$232.45	\$271.42	\$374.71

THINGS TO CONSIDER

DON'T FORGET TO ENROLL OR RE-ENROLL IN A FLEXIBLE SPENDING ACCOUNT

Open Enrollment is the time to enroll or re-enroll in Dependent Care and/or Health Flexible Spending Accounts (FSA). You must re-enroll if you wish to participate in 2017; you must contribute a minimum of \$180 per year up to a maximum of \$2,550 for the Health FSA and up to \$5,000 for the DepCare FSA (\$2,500 if married filing a separate tax return).

If you enroll in the UC Health Savings Plan, you cannot enroll in the Health FSA.

The CONEXIS website (uc.conexisfsa.com) provides a list of eligible FSA expenses and links to FSA calculators to help you estimate the amount you should contribute and your potential tax savings. Choose your contribution amount carefully as these plans are subject to IRS "use it or lose it" rules.

HEALTH FLEXIBLE SPENDING ACCOUNT BALANCE CARRYOVER

The Health FSA allows you to carry over up to \$500 of unused funds to the next plan year. With the carryover, you do not have to rush to spend all of your Health FSA funds or worry about losing money when the 2016 plan year ends.

You have until Dec. 31, 2016 to incur eligible expenses for the 2016 plan year. The plan's deadline to file claims for expenses incurred during the 2016 plan year is April 15, 2017. After the April 15 deadline, up to \$500 will carry over to the 2017 plan year and be available for reimbursement in early May. Unused funds over the \$500 limit will be forfeited. If you don't re-enroll, the carryover is limited to one year.

Please note that the DepCare FSA has separate rules. The DepCare FSA will continue to allow you to use funds remaining in your account during the grace period, which ends on March 15 of the following plan year. Any funds not spent by March 15 will be forfeited.

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 2017 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 for coverage.

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 are a continuing member of a PPO plan and you are currently receiving medical or behavioral health care from a provider that will not be in-network in 2017, you may request transition-of-care support. See the "Transition Checklist" on page 6 for details.

If you choose to enroll in a new medical plan for 2017 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. All of UC's medical plans will help ensure that you get the care you need. Check the websites for your current and new plans for information on how to take the right steps so you're covered.

EMPLOYEES IN COLLECTIVE BARGAINING UNITS

Changes in contributions for represented employees are subject to collective bargaining. Depending on the terms of your union's contract, your premium contributions for existing benefit plans for 2017 might be different from the contribution rates on the Open Enrollment website and in this booklet. If you are in a union with an expired collective bargaining agreement, rates for existing benefit plans will remain unchanged until new rates are agreed to in negotiations or become effective in accordance with the requirements of HEERA.

You can make changes to your plan choices and coverage levels during Open Enrollment, but you will be charged the applicable employee contribution rate for your bargaining unit until the

university and the union's representatives reach agreement or until new rates are in effect in accordance with HEERA.

IRS FORM 1095 REQUIRED FOR 2016 TAX RETURN

The Affordable Care Act requires most individuals and their family members to have qualified health insurance. In early 2017, you will receive Form 1095, which you'll use to confirm your health coverage when you file your 2016 federal income taxes. Depending on the type of coverage you have, you may receive this form from your medical plan, from UC or from both. UC retirees in Medicare will receive the form from Medicare.

This is the first year Form 1095 will be required to file your taxes. Sign up on AYS Online to receive your Form 1095 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 your UC Benefits office.

IF YOU OR A FAMILY MEMBER BECOME ELIGIBLE FOR MEDICARE IN 2017

If you continue working at UC past age 65 and you have a UC-sponsored employee medical plan, you are not required to sign up for Medicare Parts A, B or D. Any family member covered by your employee plan, with the exception of a domestic partner, who becomes eligible for Medicare may also defer signing up for Medicare.

If you and/or any covered family members lose eligibility for the UC-sponsored employee plan, you and/or your Medicare-eligible family members should immediately enroll in Medicare or another employer group health plan to avoid any penalties from the Centers for Medicare and Medicaid Services.

If you plan to retire in 2017, are eligible for retiree health insurance, and expect to enroll in Medicare during the year, consider whether the Medicare version of your current medical plan offers the benefits you may want. If not, Open Enrollment is the time to change plans. You can't change plans mid-year simply because you have become eligible for Medicare or have elected to retire.

For Medicare information, read the Medicare Fact Sheet or the "Enrolling in Medicare" roadmap on the UCnet Compensation and Benefits page (ucal.us/medicare). The fact sheet and other Medicare assignment 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.

If you plan to move outside California and all covered members of your family are eligible for Medicare, UC offers a special medical benefits program for you. Learn more about OneExchange at medicare.oneexchange.com/uc.

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.

You can name beneficiaries for your pension, life insurance and/or accidental death and dismemberment benefits online by signing in to your personal account on the At Your Service website. While you're making Open Enrollment changes, check to see if your beneficiaries and their contact information are up to date.

To name beneficiaries for your Retirement Savings Program plans — DC, 403(b) and/or 457(b) — log in to myUCretirement.com. Then select "My Account" and then "Update Beneficiaries." To name a beneficiary for your HSA, contact HealthEquity.

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.

ARE YOU IN A DOMESTIC PARTNERSHIP?

Eligibility rules for domestic partners are different for health and welfare benefits and for UC Retirement Plan benefits. Check out "Establishing a domestic partnership" on UCnet (ucal.us/domesticpartnership) to make sure you've established your partner's eligibility for UCRP survivor and death benefits.

CONTACT INFORMATION

Call the plan directly if you need coverage information for a specific condition, service area or plan provider.

MEDICAL PLAN CARRIERS

CORE

844-437-0486
[anthem.com/ca/uc](https://www.anthem.com/ca/uc)

HEALTH NET BLUE & GOLD

800-539-4072
[healthnet.com/uc](https://www.healthnet.com/uc)

KAISER PERMANENTE—CALIFORNIA

800-464-4000
[my.kp.org/ca/universityofcalifornia](https://www.my.kp.org/ca/universityofcalifornia)

UC CARE

844-437-0486
[uc-care.org](https://www.uc-care.org)

UC HEALTH SAVINGS PLAN

844-437-0486
[anthem.com/ca/uc](https://www.anthem.com/ca/uc)

WESTERN HEALTH ADVANTAGE

888-563-2252
[westernhealth.com/members/ucd_active.cfm](https://www.westernhealth.com/members/ucd_active.cfm)

OTHER CARRIERS

ARAG LEGAL

800-828-1395
[ARAGLegalCenter.com](https://www.ARAGLegalCenter.com), enter 11700UC

CONEXIS (COBRA, DEPENDENT CARE FSA, HEALTH FSA)

877-722-2667
[uc.conexisfsa.com](https://www.uc.conexisfsa.com)

DELTACARE® USA

800-422-4234
[deltadentalins.com/uc](https://www.deltadentalins.com/uc)

DELTA DENTAL PPO

800-777-5854
[deltadentalins.com/uc](https://www.deltadentalins.com/uc)

HEALTHQUITY

866-212-4729
[healthequity.com/uc](https://www.healthequity.com/uc)

LIBERTY MUTUAL (DISABILITY)

800-838-4461

OPTUM BEHAVIORAL HEALTH

888-440-8225
[liveandworkwell.com](https://www.liveandworkwell.com), enter 11280

OPTUM RX

855-489-0651
[optumrx.com](https://www.optumrx.com)

PRUDENTIAL (LIFE AND AD&D)

800-524-0542
[prudential.com/uc](https://www.prudential.com/uc)

VISION SERVICE PLAN

866-240-8344
[vsp.com](https://www.vsp.com)

IMPORTANT NOTICES

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 healthcare 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 2017 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 Officer at 800-888-8267, press 1. The Notice was updated effective Jan. 1, 2017 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.

TERMS AND CONDITIONS

The Terms and Conditions governing participation in UC-sponsored health and welfare plans can be found on the Open Enrollment website: ucnet.universityofcalifornia.edu/oe. Ask your local benefits office for a copy if you don't have access to a computer.

OTHER NOTICES ONLINE

Under HIPAA (Health Insurance Portability and Accountability Act of 1996), you may have additional opportunities outside of Open Enrollment to enroll in a UC-sponsored medical plan — for instance, if you have lost eligibility for coverage in another plan. However, certain conditions apply. See the full HIPAA notice on the Open Enrollment website (ucnet.universityofcalifornia.edu/oe).

IMPORTANT NOTICES

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

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

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 1-877-KIDS-NOW to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for a UC-sponsored plan.

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

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

If you live outside of California, please visit the UC Open Enrollment website (ucnet.universityofcalifornia.edu/oe/more-information/chip.pdf) for a list of states that currently provide premium assistance. The list is effective as of July 31, 2016, and includes contact information for each state listed.

To see if any more states have added a premium assistance program since July 31, 2016, 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

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, 5th Floor, 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

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Open Enrollment

**FOR FACULTY
AND STAFF**

October 27–
November 22, 2016

**UNIVERSITY
OF
CALIFORNIA**



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