



Take a fresh look at your benefits

Medicare Open Enrollment for Via Benefits:

October 15 – December 7, 2021

Open Enrollment for UC plans:

Thursday, October 28 – Friday, November 19, 2021

Open Enrollment is your opportunity to enroll in or make changes to your benefits coverage. Read all about your deadlines and choices this year. Your changes will be effective Jan. 1, 2022.

Open Enrollment for your Medicare and Prescription Drug plan(s) through Via Benefits is from Oct. 15 through Dec. 7, 2021.

For UC benefits (dental, vision and legal insurance), your Open Enrollment is from Oct. 28 through 5 p.m. (PT) on Nov. 19, 2021.

UC'S MEDICARE COORDINATOR PROGRAM

ADMINISTERED BY VIA BENEFITS

UC sponsors a Medicare Coordinator Program for retirees and their family members — all of whom must be age 65 and eligible for Medicare — who live in a state outside California. To learn more about eligibility rules, visit ucal.us/medicarecoordinator

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 Via Benefits

Since you and your covered family members all have Medicare, you should understand “creditable coverage” under Medicare Part D (prescription drug) rules. Please see pages 7–9 for details.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) FROM UC

If you're eligible, UC provides an annual contribution to a Health Reimbursement Arrangement (HRA), which helps pay for the Medicare plan(s) you choose and can also be used for your out-of-pocket health care costs.

UC contributes up to \$3,000 for you and for each Medicare-eligible family member (such as a spouse or domestic partner) you cover. The amount of your HRA contribution from UC depends on your graduated eligibility. UC's contribution will be prorated if you are enrolled for less than a full calendar year.

Your HRA funds for 2022 will be available on Jan. 3, and any unused funds will roll over to the next year. If your coverage through Via Benefits ends, any remaining HRA funds will be forfeited.

To qualify and maintain eligibility for HRA funding, **you and all your covered family members must:**

- Work only with Via Benefits to enroll in or make changes to your medical benefits, not with a medical plan carrier (see page 3 for information about enrolling in a Kaiser Permanente plan)
- Keep enrollment in your Via Benefits medical plan active
- Continue paying your Medicare Part B premiums to Social Security

YOUR VIA BENEFITS OPEN ENROLLMENT “TO DO” LIST

ENROLLING THROUGH VIA BENEFITS

MEDICARE OPEN ENROLLMENT: OCT. 15 – DEC. 7, 2021

During the Medicare Open Enrollment Period, retirees and their enrolled family member(s) may make changes to their current medical and prescription drug coverage.

Via Benefits will send a fall newsletter (by email or U.S. mail) announcing the Medicare Open Enrollment to retirees currently enrolled in a plan through Via Benefits. Your medical plan carrier will reach out with details about any plan changes, including changes to your costs.

WHAT YOU NEED TO DO

If your plan continues to be covered through Via Benefits and you are currently enrolled and happy with your existing coverage, you do not need to take any action. Your plan renews automatically, but your premiums may increase.

If you want to explore other options, you must do so through Via Benefits. To receive a Health Reimbursement Arrangement (HRA) contribution from UC, you must enroll or make medical plan changes through Via Benefits during the Medicare Open Enrollment Period.

ENROLLING IN KAISER

Kaiser Permanente Medicare Plus is available if you live in a zip code that offers Kaiser Medicare plans. Your Kaiser enrollment makes you eligible to receive the UC contribution to the HRA.

However, you must follow these steps for enrolling in a Kaiser plan to set up your HRA:

- Call Via Benefits and tell them you are interested in enrolling in Kaiser.
- The Via Benefits benefit advisor will give you the appropriate Kaiser number to call.
- Call Kaiser and complete the enrollment.

- Once enrolled, call Via Benefits to let them know you are enrolled with Kaiser and provide your Kaiser identification number.
- Via Benefits will then set up your HRA.

Important: UC does not permit direct enrollment through any other carrier/broker outside of the Via Benefits Individual Marketplace, only Kaiser.

SUSPENDING YOUR UC MEDICAL COVERAGE

If you are eligible for UC coverage through Via Benefits but you choose not to enroll this year, you will need to complete a UBEN 100 form (ucal.us/UBEN100) to suspend your coverage. Suspending coverage preserves your eligibility to enroll yourself and your eligible family members in UC coverage at a later time.

If your UC medical coverage is currently suspended and you would like to enroll this year and receive your HRA, you will need to submit a UBEN 100 form to the UC Retirement Administration Service Center to enroll through Via Benefits and receive UC’s contribution to your HRA.

Please contact the UC Retirement Administration Service Center if you have questions.

IF YOU MOVE

Whether you move back to California or elsewhere in the U.S., you will continue with Via Benefits and your HRA through the end of the year. Contact Via Benefits to determine if you need to change plans; you must work with them to continue your HRA.

If you move back to California, you have the option to return to a UC plan during the UC Open Enrollment period. You’ll need to complete a UBEN 100 and a Medicare assignment form for each person enrolling in the Medicare plan that you select.

YOUR UC OPEN ENROLLMENT “TO DO” LIST

KEEP YOUR INFORMATION CURRENT

To stay informed of important changes, make sure your contact information is up to date, including your email and physical address.

ENROLLING IN UC PLANS

UC OPEN ENROLLMENT FOR DENTAL, LEGAL AND VISION PLANS: OCT. 28 – NOV. 19, 2021

UC’s dental, legal and vision insurance plans are open for enrollment this year through 5 p.m. (PT) on Friday, Nov. 19. **The changes you make during open enrollment will be effective Jan. 1, 2022.**

You can enroll in pet insurance and Accidental Death and Dismemberment (AD&D) insurance at any time.

See pages 5-7 to learn more about 2022 changes and rates, and visit the Open Enrollment website (ucal.us/oe) for details.

DENTAL AND LEGAL

- Visit the UC Open Enrollment website (ucal.us/oe) to learn more about dental benefits through Delta Dental and legal insurance through ARAG.
- To make changes to your dental or legal plan, or add or disenroll family members, submit a UBEN 100 form to the UC Retirement Administration Service Center by Nov. 19, 2021.

The UBEN 100 form is available online at ucal.us/UBEN100 or from the UC Retirement Administration Service Center (800-888-8267). Submit your completed UBEN 100 Form to the UC Retirement Administration Service Center by:

Fax to: 800-792-5178

Mail to: UC Retirement Administration Service Center, P.O. Box 24570, Oakland, CA, 94623-1570

VISION INSURANCE

- Contact VSP at 866-240-8344 or vsp.com/go/uc retirees.

AD&D INSURANCE

- Contact Prudential directly at 800-778-3827. You can enroll at any time.

PET INSURANCE

- Enroll directly with Nationwide at petinsurance.com/uc or by calling 877-738-7874. You can enroll at any time — not just during Open Enrollment — and your coverage will be effective as soon as Nationwide approves your application.

IF YOU ARE UNABLE TO COMPLETE YOUR BENEFIT CHANGES ONLINE

If you need additional information or a form to complete your benefits changes during Open Enrollment, contact Via Benefits regarding your medical plan: 855-359-7381, Monday – Friday, 8 a.m. – 9 p.m. (ET); Saturday, 9 a.m. – 7 p.m., (ET). Contact 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.

CONTACT INFORMATION

CONTACT INFORMATION

ARAG LEGAL INSURANCE

800-828-1395
 ARAGlegal.com/UCinfo

DELTA DENTAL PPO

800-777-5854
 deltadentalins.com/uc

NATIONWIDE PET INSURANCE

877-738-7874
 petinsurance.com/uc

PRUDENTIAL (AD&D)

800-778-3827

UC RETIREMENT ADMINISTRATION SERVICE CENTER

800-888-8267

VIA BENEFITS

855-359-7381
 my.viabenefits.com/uc

VISION SERVICE PLAN

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

CHANGES AND COSTS FOR 2022

UC DENTAL PLAN

Dental insurance will continue to be fully paid by UC for retirees eligible for the full UC contribution. Retirees subject to graduated eligibility pay a portion of the premium.

UC VISION PLAN

For 2022, there are no benefit or cost changes for retiree vision insurance.

VISION PLAN MONTHLY COSTS

Retiree	\$11.12
Retiree + Child(ren)	\$21.22
Retiree + Adult	\$21.03
Retiree + Family	\$25.98

UC LEGAL INSURANCE

There are no changes to costs. Plan enhancements include new coverage for child support and alimony enforcement, child support modification, restraining/protective orders and an increase from four to six general office hours per year.

LEGAL PLAN MONTHLY COSTS

Retiree	\$11.59
Retiree + Children	\$13.95
Retiree + Adult	\$13.95
Retiree + Family	\$16.31

CHANGES AND COSTS FOR 2022

UC ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

There are no changes to AD&D premiums for retirees this year. You and your spouse or domestic partner 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
\$100,000	\$118.00	\$174.00
\$250,000*	\$295.00	\$435.00

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

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 Open Enrollment Period:

- A change between Medigap plans, or from a Medicare Advantage plan to a Medigap plan, will likely require medical underwriting. (This means you or your family member could be declined or charged more for coverage based on your medical circumstances.)
- A change to a Medicare Advantage plan or between Medicare Advantage plans, or a change of Part D plans, does not require underwriting. Your Via Benefits advisor can help you with any of these changes.

THINGS TO CONSIDER

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 verify their family members' eligibility for coverage.

If you add a family member to your coverage during Open Enrollment, in early 2022 you will receive a packet of materials to complete the verification process. You must respond by the deadline shown on the letter or risk disenrollment of your newly enrolled family members from UC benefits. As part of UC's periodic review process, you may also be contacted for information to confirm the eligibility of your previously verified spouse or domestic partner, grandchildren, step-children and/or legal wards for coverage.

UnifyHR administers the verification program for UC. More information about the verification process is available online at ucal.us/fmv.

MEDICARE PART D

Because Medicare Part D prescription drug plans change their drug formularies, you should re-evaluate your Part D plan annually to ensure the best coverage in the new year for the drugs that you take.

Every year, Medicare adjusts the maximum that Medicare members pay out of pocket for their prescription drugs. This is called the Prescription Drug Part D TrOOP (true out-of-pocket) maximum, and it includes your costs as well as your plan's costs for your prescription drugs. For 2022, it will increase by \$500, from \$6,550 to \$7,050.

Be sure to check out the catastrophic drug coverage that UC funds for Via Benefits members with high drug costs. You may be eligible to participate after the retail cost of your prescription drugs exceeds your TrOOP.

IMPORTANT NOTICES

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Medicare requires individuals enrolled in Medicare plans to have “creditable coverage” for prescription drugs. The required information below explains all options available.

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

Plans with Creditable Coverage

Kaiser Senior Advantage
 UC Medicare Choice
 UC Medicare PPO
 UC High Option Supplement to Medicare CORE
 Kaiser Permanente HMO
 UC Blue & Gold HMO
 UC Care
 UC Health Savings Plan

Plan with Non-Creditable Coverage

UC Medicare PPO without Prescription Drugs

WHAT DOES CREDITABLE COVERAGE MEAN?

If you are Medicare-eligible and enrolled in Kaiser Senior Advantage, UC Medicare Choice, UC Medicare PPO, UC High Option Supplement to Medicare, CORE, Kaiser Permanente HMO, UC Blue & Gold HMO, UC Care or UC Health Savings Plan, your prescription drug coverage is expected to pay out as much as the standard level of coverage set by the federal government under Medicare Part D. This qualifies as creditable coverage under Medicare Part D.

WHAT DOES NON-CREDITABLE COVERAGE MEAN?

If you are Medicare-eligible and enrolled in UC Medicare PPO without Prescription Drugs, the plan is NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage.

You can keep your current coverage from UC Medicare PPO Plan without Prescription Drugs. However, because this coverage is non-creditable, you must have and maintain creditable prescription drug coverage from another, non-UC source. UC may ask you to verify your enrollment.

By enrolling in a non-UC prescription drug plan, you will receive help with your drug costs, as there is no prescription drug coverage under the UC Medicare PPO without Prescription Drugs plan. If you do not enroll in a Medicare drug plan when you are first eligible, you may pay a higher premium (a penalty) for a Medicare drug plan. When you make your decision about whether to choose the UC Medicare PPO without Prescription Drugs plan, you should take into account this plan’s coverage, which does not include prescription drugs, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

VIA BENEFITS

Plans obtained through Via Benefits are considered individual plans, and the plans vary in offering creditable coverage and non-creditable coverage for Medicare Part D. For more information about the type of coverage offered by your plan, visit my.viabenefits.com/uc.

IMPORTANT NOTICES

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

If, in the future, you or a Medicare-eligible dependent terminate(s) or lose(s) Medicare Part D coverage and you go without coverage, you may be assessed a penalty. UC's evidence of creditable coverage will prevent you from incurring penalties charged by the federal government for late enrollment in Medicare Part D for up to 63 days if you decide to re-enroll in a Medicare Part D plan.

You must enroll in Medicare Part D no more than 63 days after you or a Medicare-eligible dependent are eligible for Medicare Part D. In addition, if your Medicare Part D is terminated for any reason, you must re-enroll in a Medicare Part D plan within 63 days of the termination.

In either scenario, anyone who fails to act within that time period will incur a late enrollment penalty of at least 1% per month for each month after May 15, 2006, that the person did not have creditable coverage or enrollment in Part D.

For example, if 23 months passed between the time a person terminated creditable coverage with UC and that person's enrollment in Medicare Part D, that person's Medicare Part D premium would always be at least 23% higher than what most other people pay. That person might also be required to pay a non-Medicare premium until UC can obtain Medicare approval of your Part D re-enrollment or wait until the following October, when the federal government conducts Open Enrollment for Medicare, in order to sign up for Medicare Part D prescription coverage.

If a person loses creditable prescription drug coverage through no fault of their own, that person may also be eligible for a Special Enrollment Period (SEP) to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

If you are eligible for UC-sponsored coverage, you can join a UC Medicare drug plan during a period of initial eligibility, UC's annual Open Enrollment period each fall, or mid-year if you lose other creditable coverage. If you are interested in non-UC insurance and are eligible for Medicare, you can join a non-UC Medicare drug plan each year from Oct. 15 to Dec. 7.

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

Each plan handles your decision to join a Medicare drug plan differently. UC offers one plan, the UC Medicare PPO without Prescription Drugs plan, that allows you to keep your current UC medical coverage and coordinate with Medicare for a non-UC drug plan. UC's other plans do not. Before you make a change, contact the UC Retirement Administration Service Center at 800-888-8267 to get information on how your current plan coverage will be affected by your decision to join a commercially available Medicare drug plan. More information about Medicare plans through UC can be found in the UC Medicare Fact Sheet (see ucnet.universityofcalifornia.edu/forms/pdf/medicare-factsheet.pdf).

Detailed information about non-UC 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).

MORE INFORMATION

For more information about this notice or your current prescription drug coverage, contact UC Retirement Administration Service Center at 800-888-8267. You may also find coverage details on UCnet at ucnet.universityofcalifornia.edu/compensation-and-benefits/health-plans/medical/medicare.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

You will not be retaliated against for filing a complaint.

LANGUAGE ASSISTANCE SERVICES FOR SELF-FUNDED PPO PLANS

English: Language assistance services, free of charge, are available to you. Call 1-877-437-0486 TTY Users Call 711.

Arabic: خدمات المساعدة اللغوية متاحة لك مجاناً. 711. اتصل بالرقم 1-877-437-0486 تي اتصل ب

Armenian: Լեզվի օգնություն ծառայությունները անսեզնի են ձեզ համար անվճար: Զանգահարեք 1-877-437-0486 TTY Users զանգահարեք 711:

Farsi: خدمات کمک به زبان برای شما رایگان است. با 711. تماس بگیرید 1-877-437-0486 شماره تلفن

Hindi: भाषा सहायता सेवाओं, नः शुल्क, आपके लिए उपलब्ध हैं कॉल 1-877-437-0486 टीटीआई उपयोगकर्ता कॉल 711

Hmong: Cov kev pabcuam hauv kev txhais lus muaj rau koj dawb xwb. Hu rau 1-877-437-0486 TTY Cov Neeg Siv Hu Xov tooj 711.

Japanese: 言語支援サービスは無料でご利用いただけます。電話 1-877-437-0486 TTYユーザーは711に電話をかける。

Khmer: សេ កម ជំនួយ ចែក នៃ ប្រព័ន្ធ កែ យ៉ាង ណា មួយ ឱ្យ លឿន បន្ថែម ១ ទូរស័ព្ទ មក លេខ 1-877-437-0486 ឬ លេខ 711 TTY ៤ លេខ 711 ។

Korean: 언어 지원 서비스는 무료로 이용하실 수 있습니다. 전화 1-877-437-0486 TTY 사용자는 711에 전화하십시오.

Punjabi: ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਮੁਫਤ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ 1-877-437-0486 ਟੀ ਟੀ ਆਈ ਉਪਭੋਗਤਾ ਕਾਲ 711 'ਤੇ ਕਾਲ ਕਰੋ.

Russian: Языковые услуги предоставляются вам бесплатно. Вызов 1-877-437-0486 Пользователи TTY Вызов 711.

Spanish: Los servicios de asistencia lingüística están disponibles gratuitamente. Llame al 1-877-437-0486 Usuarios de TTY Llame al 711.

Tagalog: Ang mga serbisyo ng tulong sa wika ay libre sa iyo. Tumawag sa 1-877-437-0486 Mga gumagamit ng TTY Tumawag sa 711.

Thai: มีบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย โทร 1-877-437-0486 ผู้ใช้ TTY โทร. 711

Chinese: 免费提供语言援助服务。致电 1-877-437-0486 TTY用户致电711。

Vietnamese: Các dịch vụ hỗ trợ ngôn ngữ có sẵn cho bạn miễn phí. Gọi số 1-877-437-0486 Người sử dụng TTY Gọi số 711.

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 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 UC medical coverage becomes effective and employee premiums may need to be paid on an after tax basis (retiree premiums are always paid after-tax). The 90-day waiting period does not apply to those eligible for the Medicare Coordinator Program. 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.

In addition to the special enrollment rights you have under HIPAA, the University's Group Insurance Regulations (GIRs) permit you to change medical plans under certain other conditions. See UC GIRs for additional detail, available at ucnet.universityofcalifornia.edu.

* 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.

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 or hipp@dhcs.ca.gov.

If you live outside of California, see dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf for a list of states that currently provide premium assistance. The list is effective as of July 31, 2021, and includes contact information for each state listed. To see if any more states have added a premium assistance program since July 31, 2021, 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:

ARBITRATION

With the exception of benefits provided or administered by Optum Behavioral Health, UC-sponsored medical plans require resolution of disputes through arbitration.

With regard to each plan, by your written or electronic signature, IT IS UNDERSTOOD AND YOU AGREE THAT ANY DISPUTE AS TO MEDICAL MALPRACTICE – THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED – WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THE CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION.

With regard to enrollment in a Kaiser Foundation Health Plan (KFHP), (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between yourself, your heirs,

relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc., any contracted health care providers, administrators or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. You agree to give up your right to a jury trial and accept the use of binding arbitration. You understand that the full arbitration provision is contained in the *Evidence of Coverage*.

For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.

1. UC and UC health and welfare plan vendors comply with federal/state regulations related to the privacy of personal/confidential information including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable. To fulfill the responsibilities and perform the service required under contracts with UC, health plans and associated service vendors may share UC member health information between and among each other within the limits established by HIPAA and federal/state regulations for purposes of health care operations, payment, and treatment.
2. By making an election with your written or electronic signature you are authorizing the University to take deductions from your earnings (employees)/monthly Retirement Plan income (retirees)/designated bank

account (direct payment retirees) to cover your contributions toward the monthly costs (if any) for the plans you have chosen for yourself and your eligible family members. You are also authorizing UC to transmit your enrollment demographic data to the plans in which you are enrolled.

3. You are subject to all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and the University of California Group Insurance Regulations.
4. By enrolling individuals as your family members you are certifying that those individuals are eligible for coverage based on the definitions and rules specified in the University of California Group Insurance Regulations and described in UC health and welfare plan eligibility publications. You are also certifying under penalty of perjury that all the information you provide regarding the individuals you enroll is true to the best of your knowledge.
5. If you enroll individuals as your family members you must provide, upon request, documentation verifying that those individuals are eligible for coverage. The carrier may also require documentation verifying eligibility. Verification documentation includes, but is not limited to, marriage or birth certificates, domestic partner verification, adoption papers, tax records and the like.
6. If your enrolled family member loses eligibility for UC-sponsored coverage (for example because of divorce or loss of eligible child status) you must notify UC by disenrolling that individual. If you wish to make a permitted change in your health or flexible spending account coverage you must notify UC within 31 days of the eligibility loss event; for purposes of COBRA, eligibility loss notice must be provided to UC within 60 days of the family member's loss of coverage. However, regardless of the timing of notice to UC, coverage for the ineligible family member will end on the last day of the month in which the eligibility loss event occurs (subject to any continued coverage option available and elected).
7. Making false statements about satisfying eligibility criteria, failing to timely notify the University of a family member's loss of eligibility or failing to provide verification documentation when requested may lead to disenrollment of the affected family members. Employees/retirees may also be subject to disciplinary action and disenrollment from health benefits and may be responsible for any cost of benefits provided and UC-paid premiums due to misuse of plan.
8. Under current state and federal tax laws, the value of the contribution UC makes toward the cost of health coverage provided to domestic partners and certain other family members who are not your dependents under state and federal tax rules may be considered imputed income that will be subject to income taxes, FICA (Social Security and Medicare), and any other required payroll taxes. (Coverage provided to California registered domestic partners is not subject to imputed income for California state tax purposes.)
9. If you specifically ask UC representatives to intercede on your behalf with your insurance plan, University representatives will request the minimum necessary protected health information required to assist you with your problem. If more protected health information is needed to solve your problem in compliance with state laws and federal privacy laws (including HIPAA), you may be required to sign an authorization allowing UC to provide the health plan with relevant

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protected health information or authorizing the health plan to release such information to the University representative.

10. Actions you take during Open Enrollment will be effective the following January 1 unless otherwise stated — provided all electronic and form transactions have been completed properly and submitted timely.

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 Systemwide AA/EEO Policy Coordinator, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607 and for faculty to the Office of Academic Personnel, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

**UNIVERSITY
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