



UNIVERSITY  
OF  
CALIFORNIA

Open

Enrollment

**FOR FACULTY AND STAFF**

October 26 –  
November 21, 2017

**HIGHLIGHTS**

- Continued low costs
- New Rx administrator for PPO plans
- Ways to manage your costs and stay well

# YOUR OPEN ENROLLMENT “TO DO” LIST

Learn more about important changes, and UC’s diverse plan options, to make sure you’re enrolled in the right benefits for you and your family. If you’re happy with the coverage you have, you can remain in your current UC-sponsored plan — but check the to do list below for a few more steps you may need to take.

## ENROLL ONLINE

[ucnet.universityofcalifornia.edu/oe](http://ucnet.universityofcalifornia.edu/oe)

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 your elections**, and select “Confirm” when you are satisfied with your choices. You must confirm your changes — and get a confirmation number — to process your transactions.
- 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 a copy of your confirmation page. Review carefully to ensure your benefit elections were recorded correctly.

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

## YOU MAY ALSO NEED TO:

**Update your address, phone number and/or email address**

Sign in to your AYS Online account to change or confirm your personal information.

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 12-13 for details.

## **Change your primary care physician (PCP)**

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 7 for contact information.

## **Enroll or re-enroll in a flexible spending account (FSA)**

Visit [uc.conexisfsa.com](http://uc.conexisfsa.com) to learn more about the tax advantages of a Health or Dependent Care FSA. The FSA calculator can help you determine how much to contribute — up to \$2,600 for 2018. You must re-enroll each year to continue your FSA.

## **Review your Health Savings Account (HSA) contributions**

If you’re a member of the UC Health Savings Plan, assess whether you’d like to increase (or decrease) your contributions this year. The maximum contribution for individual coverage will increase from \$3,400 to \$3,450, and the maximum contribution for family coverage will increase from \$6,750 to \$6,900.

Remember, if you’re in the UC Health Savings Plan, you are not eligible to enroll in the Health FSA. See page 6 for more information about saving money on your taxes through an HSA or Health FSA, and page 10 for more information about plan rules.

## 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.

## REVIEW YOUR SUMMARY OF BENEFITS AND COVERAGE

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](http://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 7).

## ARE YOU IN A DOMESTIC PARTNERSHIP?

**Please note:** UC Retirement Plan (UCRP) benefits are available to opposite gender and same gender domestic partners regardless of age or registration with the State of California. Check out “Establishing a domestic partnership” on UCnet ([ucal.us/domesticpartnership](http://ucal.us/domesticpartnership)) to make sure you’ve established your partner’s eligibility for UCRP survivor and death benefits.

## 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 health or family situation. You have the option to keep your current plan if it's working well for you.

### HIGHLIGHTS

- Most faculty and staff will see premium increases of less than \$10 a month. Dental and vision plans are still offered by UC at no cost for employees (see pages 8–9).
- Effective Jan. 1, 2018, Anthem Blue Cross will administer pharmacy benefits for all of UC's preferred provider organization (PPO) medical plans, and will continue to administer medical and behavioral health benefits (see page 5).
- 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 5).
- Learn more about ways to manage your costs, and benefits to help you stay well (see page 6).
- ARAG Legal Plan is open for enrollment this year, with plan enhancements that include new coverage for family and real estate law (see page 6).

**Visit the Open Enrollment website:**  
[ucnet.universityofcalifornia.edu/oe](http://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 Tuesday, Nov. 21.

## LEARN MORE ABOUT YOUR CHOICES ONLINE:

[ucnet.universityofcalifornia.edu/oe](http://ucnet.universityofcalifornia.edu/oe)

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

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

Para información en español acerca de sus opciones, visite [ucnet.universityofcalifornia.edu/oe](http://ucnet.universityofcalifornia.edu/oe) y seleccione "Planes médicos."

## WEIGHING YOUR MEDICAL PLAN CHOICES

### COSTS

#### **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

#### **Tax-free savings for medical expenses**

UC Health Savings Plan

### PROVIDER CHOICES

#### **More flexibility in choosing doctors — including 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 OR CHANGING FOR 2018

## **PREFERRED PROVIDER ORGANIZATION (PPO) MEDICAL PLANS**

### **PHARMACY BENEFIT CHANGES**

For 2018, Anthem Blue Cross will administer pharmacy benefits for all of UC's preferred provider organization (PPO) medical plans. Anthem currently administers medical and behavioral health benefits for UC's PPO plans, and will continue in that role in 2018. This change will affect faculty and staff enrolled in Core, UC Care and UC Health Savings Plan.

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 your 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 drug that is on the formulary to help you manage your costs.

PPO members will have more options for prescription refills next year. You can get a 90-day supply of prescriptions 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 board-certified doctors has been expanded to include psychiatrists. Appointments are available through Live Health Online 24/7, with cost sharing of \$20 for UC Care and 20 percent for Core and UC Health Savings Plan. See [ucppoplans.com](http://ucppoplans.com) for information about cost, 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 IRS sets limits on the maximum contributions allowed to tax-free health savings accounts, and on the minimum deductibles allowed for health plans associated with these accounts.

In accordance with this year's guidelines, 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 (to \$1,350 in-network and \$2,550 out-of-network) and by \$100 for family coverage (to \$2,700 in-network and \$5,100 out-of-network). The catch-up contribution for members 55 and older remains \$1,000 per year.

## **HMO MEDICAL PLANS**

### **CHANGES FOR WESTERN HEALTH ADVANTAGE 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 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](http://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 Canopy Health — a health care network developed by UCSF Health, John Muir Health, Hill Physicians-SF and Meritage Medical Network. If you select Health Net Blue & Gold as your medical plan and you choose a PCP within one of these medical groups, he or she can offer referrals to any specialist within the Canopy Health network.

# WHAT'S NEW OR CHANGING FOR 2018

## 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 employees and their families. 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 the addition of several new benefits. Enhancements include additional help with document preparation and review, family law services (including elder law, child custody and child support agreements, prenuptial agreements and executor appointments) and real estate services.

## WAYS TO MANAGE YOUR COSTS

### **LOWER YOUR TAX BILL WITH A HEALTH SAVINGS ACCOUNT (HSA) OR A HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)**

Both an HSA or a Health FSA will allow you and members of your family to save for medical expenses through pretax deductions from your paycheck. The HSA is linked with the UC Health Savings Plan, and the Health FSA is available with UC's other health plans. You can't contribute to both plans at the same time.

There are important differences and requirements, so go to the Open Enrollment website to learn more about your options. Here's a quick overview:

An HSA, which includes an annual contribution from UC, is a good choice if you want to pay lower premiums and make pre-tax contributions toward your medical expenses, whether for current or future services. You own your account, so you can use your money for qualified expenses even when you change health plans,

retire or leave UC. Interest accrues free of federal taxes, and you can invest funds over \$1,000. Visit the UC Health Savings Plan page on the Open Enrollment website to learn more about the plan, and use the HSA comparison tool ([comparemyhsa.com/UC](http://comparemyhsa.com/UC)) to find out whether it's right for you.

The Health FSA is a good choice if you'd prefer a medical plan other than UC Health Savings Plan. A \$500 carryover provision gives you some flexibility in budgeting for medical expenses, but doesn't allow for long-term savings (see page 10 for Health FSA carryover rules and limitations).

### **CHOOSE THE RIGHT CARE**

If you are experiencing a medical emergency, you should always go to your nearest emergency room or call 911 right away.

But if your medical need is less serious, other options may be more affordable and convenient than the emergency room. It's a good idea to check with your plan before you need care to find out what's available, and how much it costs. Most UC plans offer:

- Advice nurses available 24/7 to answer your medical questions and help you decide on your best next step for care
- Urgent care centers open evenings and weekends for non-emergency medical needs such as sprains, sore throats or earaches
- Telemedicine services (sometimes known as "virtual care") for phone or web-video consultations with licensed doctors or therapists

## BENEFITS TO HELP YOU STAY WELL

### **TAKE ADVANTAGE OF FREE PREVENTIVE CARE**

Seeing your doctor regularly for check-ups and other recommended screenings helps you prevent problems later on. And as long as you stay in your plan's network, preventive care is never subject to deductibles, copays or coinsurance, so you can protect your health without worrying about adding to your family's healthcare costs.

### **EXPLORE YOUR HEALTH PLAN'S WELLNESS RESOURCES**

UC's medical and behavioral health plans all offer a range of free wellness and health management tools. For example, your plan may offer wellness benefits such as fitness and nutrition classes, health coaching programs and discounts on gym memberships. Free programs to help you manage chronic conditions often include 24/7 access to nurse coaches and personalized support from health professionals such as dietitians, pharmacists or social workers. Finally, your plan's mobile app provides mobile access to your medical and pharmacy benefits, ID card and even telemedicine services.

**To learn more, call your plan or check out their website.**

# 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 Health Guide)  
ucppoplans.com

### **HEALTH NET BLUE & GOLD**

800-539-4072  
healthnet.com/uc

### **KAISER PERMANENTE–CALIFORNIA**

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

### **UC CARE**

844-437-0486 (Anthem Health Guide)  
ucppoplans.com

### **UC HEALTH SAVINGS PLAN**

844-437-0486 (Anthem Health Guide)  
ucppoplans.com

### **WESTERN HEALTH ADVANTAGE**

888-563-2252  
westernhealth.com/members/ucd\_active.cfm

## 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 (HSA)**

866-212-4729  
healthequity.com/uc

### **LIBERTY MUTUAL (DISABILITY)**

800-838-4461  
mylibertyconnection.com

### **OPTUM BEHAVIORAL HEALTH**

888-440-8225  
liveandworkwell.com, enter 11280

### **PRUDENTIAL (LIFE AND AD&D)**

800-524-0542  
prudential.com/uc

### **VISION SERVICE PLAN**

866-240-8344  
vsp.com

### **WAGeworks (FORMERLY CONEXIS) (COBRA, DEPENDENT CARE FSA, HEALTH FSA)**

877-722-2667 (COBRA)  
800-482-4120 (FSA)  
uc.conexisfsa.com

## YOUR MEDICAL PLAN COSTS

UC has once again avoided significant cost increases for faculty and staff. Increases to employee contributions are less than \$10 for most employees. Employee contributions for UC Care are increasing from \$17–\$53, depending on salary and type of coverage.

**Below are the 2018 monthly employee costs for medical plan premiums based on your full-time salary rate as of Jan. 1, 2017.**

### FOR THOSE WITH FULL-TIME SALARY RATE OF \$54,000 OR LESS

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
Core	\$0.00	\$0.00	\$0.00	0.00
Health Net Blue & Gold (HMO)	\$39.57	\$71.22	\$142.78	174.44
Kaiser Permanente – CA (HMO)	\$18.97	\$34.15	\$41.55	56.71
UC Care (PPO)	\$106.27	\$191.29	\$282.86	367.88
UC Health Savings Plan (PPO)	\$19.83	\$35.70	\$43.44	59.29
Western Health Advantage (HMO)	\$19.78	\$35.60	\$43.32	59.12

### FOR THOSE WITH FULL-TIME SALARY RATE OF \$54,001 TO \$107,000

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold (HMO)	\$75.62	\$136.11	\$225.08	\$285.58
Kaiser Permanente – CA (HMO)	\$55.02	\$99.04	\$123.85	\$167.85
UC Care (PPO)	\$142.32	\$256.18	\$365.16	\$479.02
UC Health Savings Plan (PPO)	\$55.88	\$100.59	\$125.74	\$170.43
Western Health Advantage (HMO)	\$55.83	\$100.49	\$125.62	\$170.26

**FOR THOSE WITH FULL-TIME SALARY RATE OF \$107,001 TO \$161,000**

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold (HMO)	\$112.62	\$202.71	\$298.84	\$388.94
Kaiser Permanente – CA (HMO)	\$92.02	\$165.64	\$197.61	\$271.21
UC Care (PPO)	\$179.32	\$322.78	\$438.92	\$582.38
UC Health Savings Plan (PPO)	\$92.88	\$167.19	\$199.50	\$273.79
Western Health Advantage (HMO)	\$92.83	\$167.09	\$199.38	\$273.62

**FOR THOSE WITH FULL-TIME SALARY RATE OF \$161,001 OR MORE**

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold (HMO)	\$150.93	\$271.67	\$375.26	\$496.01
Kaiser Permanente – CA (HMO)	\$130.33	\$234.60	\$274.03	\$378.28
UC Care (PPO)	\$217.63	\$391.74	\$515.34	\$689.45
UC Health Savings Plan (PPO)	\$131.19	\$236.15	\$275.92	\$380.86
Western Health Advantage (HMO)	\$131.14	\$236.05	\$275.80	\$380.69

## 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 (DepCare) and/or Health Flexible Spending Accounts (FSA). The DepCare FSA helps you pay for childcare and elder care expenses so you can continue to work, and the Health FSA helps you pay for health care expenses for you and your dependents.

You must re-enroll if you wish to participate in 2018; you must contribute a minimum of \$180 per year up to a maximum of \$2,600 for the Health FSA and up to \$5,000 for the DepCare FSA (\$2,500 if married filing a separate tax return).

The UC FSA website ([uc.conexisfsa.com](http://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, as described below.

### **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 2017 plan year ends.

You have until Dec. 31, 2017, to incur eligible expenses for the 2017 plan year. The plan's deadline to file claims for expenses incurred during the 2017 plan year is April 15, 2018. After the April 15 deadline, if you haven't spent all your money, up to \$500 will carry over to the 2018 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 and balances under \$25 are forfeited.

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.

If you enroll in the UC Health Savings Plan (which is paired with a health savings account), you are not eligible to enroll in the Health FSA. If you are currently enrolled in the Health FSA and want to enroll in the UC Health Savings Plan in 2018, you must have a balance of \$0 in your 2017 Health FSA. You may forfeit any unused Health FSA funds, including carryover funds, by completing the Health FSA Carryover Waiver form (available on UCnet) by Dec. 31, 2017.

### **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](http://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.

### **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 2018 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**

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 your UC Benefits office.

### **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 AYS Online. 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) — sign 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.

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

**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 2018, 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 and whether your primary care physician (PCP) or primary medical group (PMG) accepts Medicare. 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 ([ucal.us/medicare](http://ucal.us/medicare)) on UCnet. 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](http://medicare.oneexchange.com/uc).

# IMPORTANT NOTICES

## **IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

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

#### **Plans with Creditable Coverage**

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

#### **Plan with Non-Creditable Coverage**

UC Medicare PPO without Prescription Drugs

### **WHAT DOES CREDITABLE COVERAGE MEAN?**

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

### **WHAT DOES NON-CREDITABLE COVERAGE MEAN?**

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

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

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

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

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

You must enroll in Medicare Part D no more than 63 days after you or a Medicare-eligible dependent are eligible for Medicare Part D. In addition, if your Medicare Part D is terminated for any reason, you must re-enroll in a Medicare Part D plan within 63 days of the termination. In either scenario, anyone who fails to act within that time period will incur a late enrollment penalty of at least 1 percent per month for each month after May 15, 2006, that the person did not have creditable coverage or enrollment in Part D.

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

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

### **WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?**

If you are eligible for UC-sponsored coverage, you can join a UC Medicare drug plan during UC's annual Open Enrollment period each fall, or, mid-year, if you lose other coverage. You can join a non-UC Medicare drug plan when you first become eligible for Medicare and each year from 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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

#### **ONEEXCHANGE**

Plans obtained through OneExchange are considered individual plans, and the plans vary in offering creditable coverage and non-creditable coverage for Medicare Part D. For more information about the type of coverage offered by your plan, visit <https://medicare.oneexchange.com/uc>.

#### **MORE INFORMATION**

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

#### **THE WOMEN’S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTIFICATION OF RIGHTS**

The Women’s Health and Cancer Rights Act of 1998 (Women’s Health Act) requires group medical plans such as those offered by UC that provide coverage for mastectomies to also provide certain related benefits or services.

Under a UC-sponsored medical plan, a plan member (employee, retiree or eligible family member) who receives a mastectomy and elects breast reconstruction in connection with the mastectomy must be eligible to receive coverage for the following: reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications of the mastectomy, including lymphedema.

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

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

#### **UNIVERSITY OF CALIFORNIA HEALTHCARE PLAN NOTICE OF PRIVACY PRACTICES — SELF-FUNDED PLANS**

The University of California offers various health care options to its employees and retirees, and their eligible family members, through the UC Healthcare Plan. Several options are self-funded group health plans for which the university acts as its own insurer and provides funding to pay the claims; these options are referred to as the “Self-Funded Plans.” The Privacy Rule of the federal Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, requires the Self-Funded Plans to make a Notice of Privacy Practices available to plan members. The University of California Healthcare Plan Notice of Privacy Practices–Self-Funded Plans (Notice) describes the uses and disclosure of protected health information, members’ rights and the Self-Funded Plans responsibilities with respect to protected health information.

UC’s self-funded plans for 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.

A copy of the updated Notice is posted on the UCnet website at [ucal.us/hipaa](http://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.

#### **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](http://ucnet.universityofcalifornia.edu/oe). Ask your local benefits office for a copy if you don’t have access to a computer.

## IMPORTANT NOTICES

### 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 ([ucal.us/hipaa](http://ucal.us/hipaa)).

### 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](http://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](http://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](http://www.dhcs.ca.gov/Pages/default.aspx)  
Email: [HIPP@dhcs.ca.gov](mailto:HIPP@dhcs.ca.gov)

If you live outside of California, please visit the UC Open Enrollment website ([ucnet.universityofcalifornia.edu/oe/more-information/chip.html](http://ucnet.universityofcalifornia.edu/oe/more-information/chip.html)) 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](http://www.cms.hhs.gov)  
877-267-2323, Menu Option 4, Ext. 61565



University of California  
Human Resources  
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Oakland, CA 94623-1570

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# Open Enrollment

**FOR FACULTY AND STAFF**

October 26 –  
November 21, 2017

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OF  
CALIFORNIA

2050-EMP 10/17 140.5M

