



UNIVERSITY
OF
CALIFORNIA

OPEN ENROLLMENT

FOR FACULTY AND STAFF

Highlights

- Important medical plan changes
- Introducing new supplemental health plans
- Are you in the right medical plan?

**OCTOBER 31 –
NOVEMBER 26, 2019**

THE BIG PICTURE

Your UC benefits are an important part of your total compensation. UC is committed to providing comprehensive, affordable benefits to you and your eligible family members. Make sure you're making the most of your UC benefits by reading up on your Open Enrollment choices this year.

Check out ucal.us/oe for videos, resources and all the details.

HIGHLIGHTS

Despite increases in health care costs nationwide, UC's premium changes for faculty and staff are moderate, with some members even seeing decreases. Changes to employee contributions for single coverage across all pay bands range from a decrease of \$12 per month to an increase of \$16 per month. See pages 8–9 for your 2020 medical plan contributions.

Termination of Western Health Advantage (WHA): WHA will no longer be offered as a health plan for 2020; see page 4 for details. WHA members who do not choose another plan during Open Enrollment will be enrolled automatically in UC Blue & Gold HMO.

New drug formulary for PPO plans: All non-Medicare PPO plans (CORE, UC Care and UC Health Savings Plan) will transition to a new prescription drug formulary within Anthem for 2020. Many members will experience no change, but some will be impacted. See page 4 for more information.

New for 2020: Supplemental Health Plans complement your medical and disability plans by paying cash benefits directly to you if you're hurt in an accident, experience a serious illness such as a heart attack or stroke, or are hospitalized for almost any reason. See page 5 to learn more.

Visit the Open Enrollment Website

Check out ucal.us/oe for all the details. When you're ready to enroll — beginning at 8 a.m. on Thursday, Oct. 31 — choose the login button for your location. **Remember to make changes by 5 p.m. on Tuesday, Nov. 26.**

COMPARE YOUR OPTIONS

“Which medical plan is right for you?” on ucal.us/oe shows you all of the costs for each plan.

DON'T FORGET...

- ☐ Add eligible family members and remove those who are ineligible
- ☐ **Enroll or re-enroll in tax-free Flexible Spending Accounts**
You **must** re-enroll each year to continue your Health FSA (for health care expenses for you and your family members) or Dependent Care FSA (for childcare or eldercare expenses).

The Health FSA allows you to carry over up to \$500 of unused funds to the next plan year. The maximum contribution for 2020 is \$2,700.

For the Dependent Care FSA, you must use your funds for the year by March 15 of the following plan year. The maximum contribution for 2020 is \$5,000 per plan year (\$2,500 if you are married and filing a separate income tax return). See ucal.us/fsa for details.
- ☐ **Health Savings Account (HSA)**
The annual maximum contribution to the HSA, which must be paired with UC Health Savings Plan, has increased to \$3,550 for individual coverage and to \$7,100 for family coverage. See page 4 to learn more.
- ☐ **Do you need to change your primary care physician (PCP)?**
If you are switching to UC Blue & Gold HMO during Open Enrollment, you may enter your PCP information when you enroll online.

If you are not changing your medical plan but wish to change your PCP, call your plan. See page 10 for contact information.
- ☐ **Your Form 1095-C**
Form 1095-C verifies the health insurance provided by your employer. For locations using At Your Service Online (AYSO) for Open Enrollment, sign up online to receive your Form 1095-C electronically. Employees on UCPath will receive their 1095-C form via postal mail. It's a good idea to keep your 1095 form, as you may need it when preparing your 2019 income taxes.

☐ ENROLL BY 5 P.M., TUESDAY, NOV. 26

Go to ucal.us/oe, choose your location from the dropdown, and sign in to your benefits account. After you've confirmed your enrollments, keep a copy for your records.

Any changes you make during Open Enrollment will be effective Jan. 1, 2020. Pet insurance is always open for enrollment on petinsurance.com/uc, and your coverage begins as soon as your application is approved by Nationwide.

GO GREEN!

Tired of waiting for your paychecks and W-2 forms to show up in your mailbox? While you're signed into your benefits account, opt for direct deposit and an electronic W-2. Keep your contact information (including your personal cell phone number and email address) up to date, too.

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 (see Medical Plans) and on each plan's website. Paper copies are also available, free of charge, by calling the plans.

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.

WHAT'S NEW OR CHANGING FOR 2020

TERMINATION OF WESTERN HEALTH ADVANTAGE HMO

UC will not offer Western Health Advantage (WHA) as a health plan for 2020.

UC Davis Health will no longer provide primary care services through WHA for UC employees, retirees and their dependents, as of January 1, 2020. Without UC Davis Health in the network, the majority of members would lose their access to UC medical providers and be required to select new providers. Therefore, UC will no longer offer WHA to UC employees and retirees.

WHA members will have the opportunity to choose a new medical plan during Open Enrollment. WHA members who do not choose another plan during Open Enrollment will be enrolled automatically in UC Blue & Gold HMO and will see UC Blue & Gold enrollment and rates for 2020 on At Your Service Online (AYSO) or UCPath.

The UC Blue & Gold network is almost identical to the network of providers available through WHA, with the exception of NorthBay Healthcare. At UC's request, Health Net will attempt to recruit NorthBay Healthcare into its network.

The network of behavioral health providers available to members of UC Blue & Gold through Managed Health Network (MHN), Health Net's behavioral health care subsidiary, overlaps considerably with Optum's. Contact MHN at 800-663-9355 or visit the UC Blue & Gold website at healthnet.com/uc to determine whether your provider is available through MHN. If not, transition assistance may be available.

Prescription drug formularies vary by medical plan and, depending on your medication(s), copays may increase or decrease. Check the website of the plan you're considering to confirm your prescription drug copays.

See page 11 for more information about transition-of-care assistance available to WHA members enrolling in UC Blue & Gold HMO.

CHANGES TO PRESCRIPTION DRUG FORMULARY FOR UC'S NON-MEDICARE PPO PLANS

To help keep prescription drug costs and premiums affordable, CORE, UC Care and UC Health Savings Plan will transition from the current Anthem National Drug List to the Anthem Essential Drug List. The Essential Drug List focuses on less costly medications with the same effectiveness as more expensive — and often brand name — medications.

The majority of members currently taking medications will not notice differences as a result of this change. Some members will have either a higher or lower copay if they are on a medication that moves to a different tier. To minimize the impact on members, any current medications not on the new drug list will be grandfathered (in current form and dosage), meaning members can continue taking them without disruption while they use that specific medication and dosage. Visit ucppoplans.com for more information about the change.

UC HEALTH SAVINGS PLAN

Beginning in 2020, costs for authorized ambulance and emergency medical services from an out-of-network provider will apply to the in-network deductible.

The UC Health Savings Plan in-network deductible will increase from \$1,350 to \$1,400 for individual coverage, and from \$2,700 to \$2,800 for family coverage. Deductibles for out-of-network coverage will not increase for 2020.

The annual maximum contribution to the Health Savings Account will increase from \$3,500 to \$3,550 for individual coverage and from \$7,000 to \$7,100 for family coverage (including UC's contribution).

VISION PLAN ENHANCEMENTS

For 2020, we're pleased to add two enhancements to the vision plan:

1. Members who receive benefits for contacts lenses will be able to receive benefits for a full pair of glasses (lenses and frames) the following year, and vice versa.
2. Retinal screening copay will decrease from \$39 to \$20.

FLEXIBLE SPENDING ACCOUNTS (FSA)

The maximum contribution for the Health FSA will increase from \$2,650 to \$2,700 for 2020. The maximum contribution for the Dependent Care FSA will remain at \$5,000 per plan year (\$2,500 if you are married and filing a separate income tax return).

For more information about each plan's features, costs and changes, check out the plan's page on ucal.us/oe.

INTRODUCING UC'S SUPPLEMENTAL HEALTH PLANS

UC is offering three new supplemental insurance options — Accident, Critical Illness and Hospital Indemnity plans that pay cash benefits if you experience a covered accident, illness or hospital stay.

UC's Supplemental Health Plans are not a substitute for medical or disability coverage, but they can complement your coverage with extra protection against the unexpected. Depending on the coverage you select, you'll receive a pre-determined cash payment if you experience a covered incident — regardless of your actual medical costs or lost income. The payment is yours to use however you choose.

Accident: Pays cash benefits if you receive services related to an accident, such as ER and urgent care visits, ambulance rides, X-rays, surgery, physical therapy and more.

Critical Illness: Depending on the level of coverage you choose (\$10,000 or \$30,000), provides a lump-sum payment if you are diagnosed with certain illnesses, including cancer, heart attack, stroke and more. Plus, a cash payment just for getting an annual health screening exam or mammogram.

Hospital Indemnity: Pays a pre-determined dollar amount if you're admitted to the hospital due to an accident or illness, or for maternity care, and continues to pay a cash benefit for every day you're in the hospital, up to 31 days.

Now is the time to select one, two or all three of UC's Supplemental Health Plans. Once Open Enrollment closes, you won't have another opportunity to enroll until next year's Open Enrollment, unless you have a qualifying life event.

Visit ucplus.com to learn more about the benefits offered by each plan and enroll with Aflac. If you have questions or need assistance enrolling, call the dedicated UC Plus customer service team at (888) 212-7201.

MONTHLY PLAN COSTS

Monthly premiums will be paid as after-tax payroll deductions.

ACCIDENT INSURANCE

Self	Self + child(ren)	Self + adult	Family
\$9.67	\$19.85	\$15.86	\$26.04

CRITICAL ILLNESS INSURANCE

Costs below are for one adult. The monthly cost for you and your spouse or domestic partner may differ depending on your coverage selection and ages — to find your total cost each month, add the costs for both adults from the chart below. Coverage for your eligible dependent children is free when you enroll yourself for coverage.

Ages	\$10,000	\$30,000
18-25	\$4.87	\$9.46
26-30	\$5.84	\$12.35
31-35	\$6.51	\$14.37
36-40	\$8.01	\$18.86
41-45	\$9.66	\$23.81
46-50	\$10.19	\$25.41
51-55	\$16.86	\$45.43
56-60	\$15.91	\$42.57
61-65	\$26.17	\$73.34
66+	\$54.36	\$157.93

HOSPITAL INDEMNITY INSURANCE

Self	Self + child(ren)	Self + adult	Family
\$16.19	\$26.17	\$32.52	\$42.50

WHICH PLAN IS RIGHT FOR YOU?

UC offers several medical plan options to meet the needs of most faculty and staff. Here are a few scenarios to help you think about your own medical needs.

KAISER

Francesco

"I love my primary care doctor, and we work together really well to manage my health care. My local Kaiser is convenient, and I appreciate the low premiums and out-of-pocket costs."

UC HEALTH SAVINGS PLAN WITH AN HSA

Avi

"My annual health care costs are usually less than UC's contribution to my HSA, so I'm building savings tax-free for my health care costs in retirement. My HSA balance would cover UC Health Savings Plan's annual out-of-pocket maximum, so I'm not worried about unexpected costs."

UC CARE

Lucy

"I have a few complex medical conditions, so I need the flexibility to work directly with specialists. My care team is part of the UC Select network, which keeps my out-of-pocket costs low, but I know I can use out-of-network providers if I need to."

UC BLUE & GOLD HMO

Elena

"I prefer the predictable costs of an HMO — I don't like risking unexpected medical expenses. Blue & Gold HMO offers low costs for care along with access to UC Health providers. For me, it's just the right balance."

CORE

Martha

"Cost is an issue for me, so having a plan without a premium works best for me. My health is good — I keep up with my preventive care, but that's about it. I'm considering UC's new Supplemental Health Plans to help cover costs if I have a serious illness or get into an accident."

How can I prepare for unexpected costs?

FIRST, MAKE SURE YOU UNDERSTAND HOW YOUR PLAN WORKS.

If your plan has a **deductible**, you'll need to pay all of your medical costs (except for preventive care) until you meet it. Your plan's **out-of-pocket maximum** limits how much you'll pay in a year for services covered by your plan.

THEN, CONSIDER THESE OPTIONS:

Health Savings Account (HSA) — Paired with UC Health Savings Plan. Includes an annual \$500 or \$1,000 contribution from UC (depending on your coverage) and lets you save pretax for health care expenses. You own your account — even after you retire or leave UC.

Health Flexible Spending Account (FSA) — An option for pretax savings that works with any UC health plan other than UC Health Savings Plan. You can carry over up to \$500 from one year to the next.

Supplemental Health Plans —

Depending on the coverage you purchase, you'll receive cash benefits if you're injured, ill or hospitalized. Use the payment to help cover your deductible, if your plan has one, or to help out with other expenses, such as rent, home health care or transportation. See page 5 to learn more.

YOUR MEDICAL PLAN COSTS

Despite increases in health care costs nationwide, UC's premium changes for faculty and staff are moderate, with some members even seeing decreases. Changes to employee contributions for single coverage across all pay bands range from a decrease of \$12 per month to an increase of \$16 per month.

Below are the 2020 monthly employee costs for medical plan premiums based on your full-time salary rate as of Jan. 1, 2019.

IMPORTANT NOTE ABOUT YOUR MEDICAL PLAN COSTS

Premium contributions for certain employee groups may vary from tables shown.

If you are in a union with a collective bargaining agreement, changes in your contributions are subject to collective bargaining. If your collective bargaining agreement is expired, 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. If you make changes to your plan choices and coverage levels during Open Enrollment, you will be charged the applicable employee contribution rate for the new plan for your bargaining unit.

FOR THOSE WITH FULL-TIME SALARY RATE OF \$58,000 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
Kaiser Permanente – CA (HMO)	\$22.97	\$41.35	\$50.31	\$68.66
UC Blue & Gold HMO	\$50.64	\$91.15	\$166.95	\$207.46
UC Care (PPO)	\$141.74	\$255.13	\$358.26	\$471.65
UC Health Savings Plan (PPO)	\$22.97	\$41.35	\$50.31	\$68.66

FOR THOSE WITH FULL-TIME SALARY RATE OF \$58,001 TO \$114,000

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
CORE	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente – CA (HMO)	\$61.15	\$110.07	\$137.47	\$186.37
UC Blue & Gold HMO	\$88.82	\$159.87	\$254.11	\$325.17
UC Care (PPO)	\$179.92	\$323.85	\$445.42	\$589.36
UC Health Savings Plan (PPO)	\$61.15	\$110.07	\$137.47	\$186.37

FOR THOSE WITH FULL-TIME SALARY RATE OF \$114,001 TO \$171,000

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
CORE	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente – CA (HMO)	\$100.33	\$180.59	\$215.58	\$295.82
UC Blue & Gold HMO	\$128.00	\$230.39	\$332.22	\$434.62
UC Care (PPO)	\$219.10	\$394.37	\$523.53	\$698.81
UC Health Savings Plan (PPO)	\$100.33	\$180.59	\$215.58	\$295.82

FOR THOSE WITH FULL-TIME SALARY RATE OF OVER \$171,000

PLAN	Self	Self plus child(ren)	Self plus adult	Self plus adult and child(ren)
CORE	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente – CA (HMO)	\$140.90	\$253.62	\$296.51	\$409.20
UC Blue & Gold HMO	\$168.57	\$303.42	\$413.15	\$548.00
UC Care (PPO)	\$259.67	\$467.40	\$604.46	\$812.19
UC Health Savings Plan (PPO)	\$140.90	\$253.62	\$296.51	\$409.20

Choose UC for Your Health Care

All five of UC's medical centers — UC Davis Health, UCI Health, UCLA Health, UC San Diego Health and UCSF Health — are among the top 10 hospitals in California*. If you live or work near a UC Health facility, you can access UC physicians and hospitals by enrolling in:

- CORE
- UC Blue & Gold HMO
- UC Care
- UC Health Savings Plan

*Based on 2019-2020 US News & World Report ranking of best hospitals in California

CONTACT INFORMATION

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

MEDICAL PLANS

CORE, UC CARE, UC HEALTH SAVINGS PLAN

Anthem Blue Cross

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

KAISER PERMANENTE-CALIFORNIA

800-464-4000
800-324-9208 (pre-enrollment)
my.kp.org/universityofcalifornia

Optum Behavioral Health

888-440-8225
liveandworkwell.com, enter 11280

UC BLUE & GOLD HMO

Health Net

800-539-4072
healthnet.com/uc

MHN Behavioral Health

800-663-9355

OTHER CARRIERS

AUTO, HOME & RENTER INSURANCE

California Casualty

866-680-5143
calcas.com

CHILD AND ELDERCARE

Bright Horizons Care Advantage

careadvantage.com/universityofcalifornia

DENTAL

DeltaCare® USA (Dental HMO)

800-422-4234
deltadentalins.com/uc

Delta Dental PPO

800-777-5854
deltadentalins.com/uc

DISABILITY

Lincoln Financial

800-838-4461
mylincolnportal.com

FLEXIBLE SPENDING ACCOUNTS (FSA), COBRA

WageWorks

800-482-4120 (FSA)
877-722-2667 (COBRA)
wageworks.com/ucfsa

HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity

866-212-4729
healthequity.com/uc

LEGAL INSURANCE

ARAG

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

LIFE AND AD&D

Prudential

800-524-0542
prudential.com/uc

PET INSURANCE

Nationwide

877-738-7874
petinsurance.com/uc

SUPPLEMENTAL HEALTH PLANS

UC Plus (Aflac)

888-212-7201
ucplus.com

VISION

Vision Service Plan

866-240-8344
vsp.com

HEALTH CARE FACILITATORS

Your Health Care Facilitator (HCF) is here to help you better understand and use your UC benefits. Learn more, and find contact information for your location, at ucal.us/hcf.

THINGS TO CONSIDER

IF YOU OR A FAMILY MEMBER BECOME ELIGIBLE FOR MEDICARE IN 2020

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 your domestic partner in some cases, who becomes eligible for Medicare may also defer signing up for Medicare. Domestic partners covered by a UC medical plan are advised to contact the Social Security Administration to determine if they are eligible to defer enrollment into Medicare without incurring a penalty. They may be able to defer signing up for Medicare under their employer plan.

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 (CMS).

If you plan to retire in 2020, 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.

NON-MEDICARE PLANS	CORRESPONDING MEDICARE PLANS
UC Care/CORE	UC Medicare PPO
Kaiser Permanente CA	Kaiser Senior Advantage
UC Blue & Gold HMO	UC Medicare Choice (new)

Unless you are enrolled in UC Health Savings Plan (which doesn't have a corresponding Medicare plan), you can't change plans mid-year simply because you have become eligible for Medicare or have elected to retire. If you are enrolled in UC Health Savings Plan, you have a 31-day Period of Initial Eligibility (PIE) when you turn 65 to enroll in any of the UC-sponsored Medicare plans in your service area.

Medicare can be complicated. If you plan to retire in 2020, read the Medicare Fact Sheet or the "Enrolling in Medicare" roadmap (ucal.us/medicare) on UCnet to make sure you have the information you need (including when to enroll, what costs to expect and how to pay your premiums). The fact sheet and other Medicare assignment forms needed to continue your UC insurance can be obtained online or by calling the UC 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 Via Benefits at my.viabenefits.com/uc and keep your address and other contact information current.

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 2020 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 and legal wards.

UnifyHR 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 member of Western Health Advantage and you expect to continue medical or behavioral health care into 2020 in the UC Blue & Gold HMO with a provider who is not in the Health Net or MHN provider network, you may request transition-of-care support. Be sure to call Health Net at 800-539-4072 or MHN (behavioral health) at 800-663-9355 in the first three months of 2020.

If you choose to enroll in a new medical plan for 2020 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.

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 UNDER 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
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 2020 in Kaiser Senior Advantage, UC Medicare Choice, UC Medicare PPO, UC High Option Supplement to Medicare, CORE, Kaiser Permanente, 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.

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 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 a period of initial eligibility, UC's annual Open Enrollment period each fall, or midyear 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 <http://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).

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.

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 بـ

Armenian: Լեզվի օգնության ծառայությունները մատչելի 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 TTY 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: សេវាជំនួយ ចរកន្តែង ឥត ថ្លៃ យើង ផ្តល់ ឲ្យ អ្នក ឆាប់ រហ័ស 1-877-437-0486 អ្នក ទូរស័ព្ទ TTY ៧១១

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

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 2020 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 to reflect the current health care plan options effective Jan. 1, 2020.

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).

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.html) for a list of states that currently provide premium assistance. The list is effective as of July 31, 2019, and includes contact information for each state listed.

To see if any more states have added a premium assistance program since July 31, 2019, 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, Oakland, CA 94607, and for faculty to the Office of Academic Personnel, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

University of California
Human Resources
P.O. Box 24570
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OPEN ENROLLMENT

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