Take time for your annual benefits checkup

2013 HEALTH BENEFITS OPEN ENROLLMENT FOR FACULTY AND STAFF

October 29, 8am–November 20, 5pm
Time for your benefits checkup

Open Enrollment is a good time to review your health and welfare and retirement benefits. It’s the one time during the year when you can change medical plans, add eligible family members and enroll in other plans that aren’t always open for enrollment. This year you can:

- Check out the plan changes for 2013. Copayments for some services and prescription drugs are going up and many women’s services will now be available at no cost.
- Review UC’s medical plans to be sure you’re in the best one for you. Check out our comparison chart on pages 6 and 7 and use our online Medical Plan Chooser (uc.chooser.pbgh.org/) to compare plans.
- Enroll or re-enroll in Health and/or Dependent Care Flexible Spending Accounts. The annual limit for the Health FSA is reduced to $2,500 in 2013. See page 4 for more information.
- Consider enrolling in the ARAG Legal plan, which is open for enrollment this year.
- If you need child care, elder care, tutors or housekeepers, register for SelectPlus (formerly Sittercity), UC’s family care resource.
- Use the Open Enrollment period to review your beneficiaries and update their information. It’s easy to do online. See page 10 for more information.
- Review your Retirement Savings Program accounts to be sure you’re on the road to a secure retirement. Visit ucfocusonyourfuture.com for helpful tools and resources.

OPEN ENROLLMENT IS ONLINE: ATYOURSERVICE.UCOP.EDU

Go online to the At Your Service website (atyourservice.ucop.edu) and select the Open Enrollment 2013 icon for all the details.

DO YOU LIVE OUTSIDE CALIFORNIA?

You’ll find a special section of the Open Enrollment website that gives details about your medical plan choices if you live outside California: Anthem Lumenos PPO with HRA, Anthem Blue Cross PPO and Core.

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.

YOUR OPEN ENROLLMENT “TO DO” LIST

- Review this booklet and the detailed information on the Open Enrollment website to help you make your benefit choices for 2013. If you are satisfied with your current plans, you need do nothing more.
- Decide whether one of UC’s value plans is right for you.
- If you want to change your primary care physician and you are not changing your medical plan, call your plan to request the change.
- Go online to atyourservice.ucop.edu and sign in to your account to make your elections by Nov. 20 at 5 p.m.
- If you need to enroll or de-enroll your dependents, select “Family Member” from the menu on the left.
- Decide whether you want to enroll in a Health or Dependent Care Flexible Spending Account. Then use the CONEXIS calculator tools to determine how much you want to contribute in 2013.
- Confirm your changes and print a copy of your elections for your records by selecting the print-friendly options on the confirmation page.
- Review your confirmation statement carefully to ensure that your benefit elections were recorded correctly. You must report any errors or discrepancies to your benefits office immediately.

Any changes you make during Open Enrollment will be effective Jan. 1, 2013.

SUMMARIES OF BENEFITS AND COVERAGE ARE ONLINE

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

The SBCs—including information for behavioral health services from Optum (United Behavioral Health)—are available online at atyourservice.ucop.edu/open_enrollment and on each plan’s website. Paper copies are also available, free of charge, by calling the plans:

Anthem Blue Cross: 888-209-7975
Kaiser Permanente: 800-464-4000
Health Net: 800-539-4072
Western Health Advantage (WHA): 888-563-2250
Overview of 2013 plan changes

Details of the changes above are available on the Open Enrollment website (atyourservice.ucop.edu/open_enrollment). For complete information about the benefits for each plan, see the evidence of coverage booklet or summary plan description, available on the Open Enrollment website. You may also request copies by calling the plan carriers directly.

COPAYMENTS ARE INCREASING FOR MANY MEDICAL PLANS

Most of UC’s medical plans require you to pay a small copayment when you visit your doctor, an emergency room or urgent care center. In 2013, copayments for those services and for brand-name and non-formulary drugs are increasing. This is the first increase in copayments since 2006. Generic prescription drug copayments remain at $5 ($10 for Anthem plans), and preventive care visits continue to be offered with no copayment.

For Health Net Blue & Gold HMO, Health Net HMO, Kaiser Permanente and Western Health Advantage, copayments are increasing as follows:

- Office visits—including behavioral health visits covered by Optum (formerly United Behavioral Health)—and urgent care: $20; The first three behavioral health visits continue to be covered without a member copayment.
Overview of 2013 plan changes

• Outpatient surgery at hospital ambulatory surgery centers: $100
• Emergency room visits, including behavioral health: $75
• Prescription drugs: brand name $25; non-formulary $40

For Anthem Blue Cross PLUS, copayments are increasing as follows:

• Office visits—including behavioral health visits covered by Optum (formerly United Behavioral Health)—and urgent care: $25; the first three behavioral health visits continue to be covered without a member copayment.
• In-network outpatient surgery: $100
• Emergency room visits: $100
• Prescription drugs: brand name $30; non-formulary $45

For Anthem Blue Cross PPO, the copayments for prescription drugs are increasing to $30 for brand names and to $45 for non-formulary.

SAME PLANS, NEW NAMES

Three of UC’s benefits plans are changing their names:

• United Behavioral Health is now Optum.
• Chartis (Accidental Death & Dismemberment) is now AIG Benefit Solutions.
• Sittercity’s corporate program, in which UC participates, is now called SelectPlus.

STAYWELL INCENTIVE PROGRAM

The StayWell program is UC’s wellness initiative for UC employees and their spouse/domestic partner enrolled in most UC-sponsored medical plans. In 2013, it will be easier than ever to earn your $100 incentive!

Participants are eligible for an incentive award if they complete a health assessment by June 15, 2013, and complete follow-up activities worth 50 points. You can earn your points by attending campus-sponsored wellness events such as brown bags or walking programs. Or, take advantage of StayWell wellness coaching and online programs.

You can complete the health assessment and activities in any order, but you must complete the health assessment by June 15, 2013, and the additional activities by Dec. 15, 2013 to qualify for the incentive. The incentive award for faculty and staff is a $100 gift certificate and for spouses/domestic partners, it is a $50 gift certificate.

The StayWell program is available to those enrolled on Jan. 1, 2013 in UC medical plans except Kaiser, which provides similar wellness resources via its HealthWorks program.

FLEXIBLE SPENDING ACCOUNTS

Open Enrollment is the time to enroll or re-enroll in Dependent Care and/or Health Flexible Spending Accounts (FSA). You must re-enroll during Open Enrollment if you wish to participate in 2013. To participate, you must contribute a minimum of $180 per year.

Effective Jan. 1, 2013, the Health FSA annual maximum contribution amount will be $2,500 to comply with provisions in the Affordable Care Act. If both you and your spouse are UC employees, you may each contribute up to $2,500.

The IRS maximum contribution amount for the DepCare FSA will remain $5,000 ($2,500 if married filing a separate tax return).

The CONEXIS website (uc.conexisfsa.com) provides a list of eligible FSA expenses and links to FSA calculators to help you estimate the amount you should contribute and your potential tax savings.

Choose your contribution amount carefully as these plans are subject to IRS “use it or lose it” rules.

FAMILY MEMBER ELIGIBILITY VERIFICATION

UC now 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 2013 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. No documentation is required for family members whose eligibility was verified previously in 2012.

Secova, Inc. administers the verification program for UC. More information about the verification process is available online at http://atyourservice.ucop.edu/family-member-verification/.
As part of your benefits checkup, consider whether you are getting the best value for your medical premiums. Compare your current plan to UC’s Value medical plans to see if one meets your needs. Here’s how UC’s Value plans compare with similar Choice plans:

**ANTHEM LUMENOS PPO WITH HRA VS. ANTHEM BLUE CROSS PPO**

The Anthem Lumenos PPO with HRA is similar to the Anthem PPO in that you may choose any doctor or hospital you wish and in-network providers cost less, but Anthem Lumenos premiums are significantly lower. Likewise, preventative care from providers for both plans is covered in full, so you pay nothing for these services. Both plans have a deductible that you must meet before the plan begins to cover services, but the Lumenos plan has a UC-funded health reimbursement account (HRA) that covers part of the deductible. If you don’t use all of the HRA money, it rolls over for use in the next plan year.

UC’s health insurance consultants conducted cost comparisons for the two plans and found that, in most cases, employees pay less in overall costs under the Lumenos plan than under the Anthem Blue Cross PPO. In general, only single employees with very high claims costs and employees with high prescription drug costs may fare better under Anthem Blue Cross PPO.

Here’s an example of how costs compare for an employee with family coverage in Pay Band 2 who uses in-network providers. The example assumes a “worst-case” scenario in which the family’s claims reach the maximum out-of-pocket expenses for the year.

<table>
<thead>
<tr>
<th></th>
<th>Anthem Lumenos</th>
<th>Anthem PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium costs for 2013</td>
<td>$1,670.16</td>
<td>$5,627.28</td>
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<tr>
<td>Maximum out-of-pocket cost</td>
<td>$10,000.00</td>
<td>$9,000.00*</td>
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<tr>
<td>Annual Cost</td>
<td>$11,670.16</td>
<td>$14,627.28*</td>
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<tr>
<td>Minus UC-funded HRA</td>
<td>$2,000.00</td>
<td>($0)</td>
</tr>
<tr>
<td>Total Net Cost</td>
<td>$9,670.16</td>
<td>$14,627.28*</td>
</tr>
</tbody>
</table>

*Plus prescription drug copays

Fortunately, most people don’t meet the annual out-of-pocket maximum, so your costs will likely be lower. You can estimate out-of-pocket costs using tools on the Anthem website (anthem.com/ca/uc). If you think the Anthem Lumenos PPO with HRA might work for you, review the materials on the Anthem website (anthem.com/ca/uc) to understand how the plan works.

**HEALTH NET BLUE & GOLD HMO VS. HEALTH NET HMO**

Health Net Blue & Gold HMO has exactly the same benefits, copayment amounts, out-of-pocket limits and resources to support your health as the Health Net HMO plan. The only difference is the network of doctors, hospitals and other providers. The Blue & Gold network includes 100 percent of UC’s medical centers and doctors plus a large selection of other providers. If you’re in the Health Net HMO and your doctor is in the Blue & Gold network, you will save on your monthly premium—without any change in benefits—by changing to Health Net Blue & Gold HMO.

**KAISER PERMANENTE/WESTERN HEALTH ADVANTAGE**

Both Kaiser Permanente and Western Health Advantage are other alternatives to higher-premium plans. Kaiser is an integrated health maintenance organization. That means your primary care physician, pharmacist and specialists—all Kaiser employees—are connected through your electronic health record so they can work together for you.

Western Health Advantage is an HMO with a regional network of medical groups, doctors and hospitals in the Davis/Sacramento area—including UC Davis Health System. Its Advantage Referral Program allows for specialty care outside the primary medical group.

So, if you’re enrolled in a more expensive plan, make sure it’s the right choice for you. You could be saving money by enrolling in one of UC’s value plans.

**TIP**

We have tools to help you with your medical plan checkup. Visit the Open Enrollment website for:

- Medical Plan Chooser—An interactive tool that helps you find the best medical plan for you based on your personal profile and preferences.
- Tips for choosing a medical plan that’s right for you.
- Links to each medical plan’s website with information about how the plan works; doctors, hospitals and specialists in the plan; and much more.
- Summaries of Benefits Coverage—Important information about each plan’s coverage in a standard format so that you can easily compare plans.
Choosing the right medical plan for you and your family

UC offers five Value plans and three Choice plans. The Value plans have lower costs while the Choice plans provide more flexibility and options. Use the information below to help you choose the right medical plan for you.

<table>
<thead>
<tr>
<th>VALUE PLANS</th>
<th>Your Monthly Premium</th>
<th>Your Costs For Services</th>
<th>Your Cost For Prescription Drugs Generic/Brand/Non-formulary</th>
<th>Best Fit for People Who:</th>
</tr>
</thead>
</table>
| Anthem Lumenos PPO with HRA | $ | $$$ | Full cost up to deductible; then 20% at in-network pharmacies, 40% at non-network pharmacies. You pay nothing out of pocket until Health Reimbursement Account is used up | • Want lower premium and broad access to providers  
• Are willing to take an active role in managing care and costs  
• Are able to risk incurring greater out-of-pocket costs  
• Want worldwide coverage for a reasonable premium |
| Core | $0 | $$$+ | Full cost until you reach the $3,000 deductible then 20% | • Want to pay no monthly premium  
• Want protection for catastrophic care  
• Are willing to risk incurring high out-of-pocket costs  
• Want direct access to all providers without need for referrals |
| Health Net Blue & Gold HMO | $ | | Retail (30-day supply) $5/$25/$40  
Mail order (up to 90 days) $10/$50/$80 | • Want lower premiums and cost per service  
• Are comfortable with HMO model: primary care physician manages care; no out-of-network coverage  
• Are content with the selection of community providers |
| Kaiser Permanente—CA | $ | | Retail (30-day supply) $5/$25/NA  
Mail order (31-100 days) $10/$50/NA | • Want lower premiums and cost per service  
• Are comfortable with getting medical care only within the Kaiser system |
| Western Health Advantage | $ | | Retail (30-day supply) $5/$25/$40  
Mail order (up to 90 days) $10/$50/$80 | • Want lower premiums and cost per service  
• Are comfortable with HMO model: primary care physician manages care; no out-of-network coverage |

$ lowest costs in relation to all plans  $$$ middle-range of costs in relation to all plans  $$$$ highest costs in relation to all plans
<table>
<thead>
<tr>
<th>CHOICE PLANS</th>
<th>Your Monthly Premium</th>
<th>Your Costs For Services</th>
<th>Your Cost For Prescription Drugs Generic/Brand/ Non-formulary</th>
<th>Best Fit for People Who:</th>
</tr>
</thead>
</table>
| **Anthem Blue Cross PLUS**  
Use a network doctor for highest benefits, however, out-of-network benefits are available | $$$ | $ | $10/$30/$45 | • Want no deductible and fixed copay for in-network services  
• Accept primary care physician model for in-network care  
• Are willing to pay higher premium for access to out-of-network providers |
| **Anthem Blue Cross PPO**  
May use any doctor without referral from primary care physician; in-network providers cost less | $$$ | $$$ | $10/$30/$45 | • Are willing to pay higher premiums and cost per service for provider choice  
• Want direct access to all providers without need for referrals  
• Want access to in-network and out-of-network providers |
| **Health Net HMO**  
Must use network providers, except in emergencies | $$$ | $ | $5/$25/$40 | • Accept higher premium to get access to wider network of providers  
• Want lower cost per service  
• Are comfortable with HMO model: primary care physician manages care; no out-of-network coverage |

$ lowest costs in relation to all plans  $$ mid-range of costs in relation to all plans  $$$ highest costs in relation to all plans

**TIPS:**

If you want lower monthly premiums:
- Anthem Lumenos PPO with HRA
- Health Net Blue & Gold HMO
- Kaiser Permanente
- Western Health Advantage
- Core

If you want predictable costs:
- Anthem Blue Cross PLUS
- Health Net Blue & Gold HMO
- Health Net HMO
- Kaiser Permanente
- Western Health Advantage

If you want one doctor to manage all your care:
- Anthem Blue Cross PLUS
- Health Net Blue & Gold HMO
- Health Net HMO
- Kaiser Permanente
- Western Health Advantage

If you want to choose any doctor without referrals:
- Anthem Blue Cross PPO
- Anthem Lumenos PPO with HRA
- Anthem Blue Cross PLUS
- Core

If you have a child in college out-of-state:
- Anthem Lumenos PPO with HRA
- Anthem Blue Cross PPO
- Anthem Blue Cross PLUS
- Core

If you want to manage your health care costs:
- Anthem Lumenos PPO with HRA
Your medical plan costs

UC continues to pay the greater portion of monthly medical plan premiums—on average 87.5 percent of the total cost. You pay the balance as shown in the tables on this page and the next.

Your costs are determined by your full-time salary rate as of Jan. 1, 2012. See page 10 for additional information regarding premiums for represented employees.

This pay band structure enables UC to provide larger monthly employer contributions for employees earning less to help reduce monthly premiums for them.

The pay bands have been re-indexed to reflect the increase in the California Consumer Price Index (CPI) from 2011 to 2012.

### FOR THOSE WITH FULL-TIME SALARY RATE OF $50,000 OR LESS

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<th>+A</th>
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<tr>
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<td>135.77</td>
<td>206.61</td>
<td>266.94</td>
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<tr>
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<td>Anthem Lumenos PPO with HRA</td>
<td>9.67</td>
<td>17.41</td>
<td>20.31</td>
<td>28.04</td>
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<td>Core</td>
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<td>Kaiser Permanente—California</td>
<td>9.67</td>
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<td>Kaiser Permanente Umbrella*</td>
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<td>17.41</td>
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<td>28.04</td>
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### FOR THOSE WITH FULL-TIME SALARY RATE OF $50,001 TO $98,000

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<td>82.30</td>
<td>102.61</td>
<td>139.18</td>
</tr>
</tbody>
</table>


*Closed to new members
<table>
<thead>
<tr>
<th>PLAN</th>
<th>S</th>
<th>+C</th>
<th>+A</th>
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<td>217.86</td>
<td>252.79</td>
<td>349.61</td>
</tr>
</tbody>
</table>


*Closed to new members
Things to consider

EMPLOYEES IN COLLECTIVE BARGAINING UNITS

If you are in a union with an expired collective bargaining agreement, any changes to existing benefits plans for 2013 will not become effective until UC and the union reach agreement or until rates are in effect, as required by HEERA.

You can make changes 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 the rates are in effect, in accordance with HEERA requirements.

Please note that information about the medical plan options and rates on the Open Enrollment website and in written communications to all employees during Open Enrollment reflect the 2013 contribution rate for all participants.

Employees represented by some unions are not eligible for StayWell or SelectPlus (formerly Sittercity) because participation has not been agreed to during the collective bargaining process.

TRANSITIONING FROM ONE PLAN TO ANOTHER

If you want to change your medical plan and you or a family member is pregnant, scheduled for surgery/other medical procedure or continuing treatment in late 2012, call the new plan and ask how they will oversee the transition of your care.

TAKE ADVANTAGE OF UC’S FAMILY CARE BENEFIT

UC offers eligible faculty and staff membership in SelectPlus (formerly Sittercity), an online referral service for family caregivers. Whether you need a full-time nanny or an emergency back-up eldercare provider—even a pet sitter—SelectPlus can help.

To use the benefit, you register with SelectPlus; UC pays the fee that gives you access to pre-screened caregivers including babysitters, nannies, elder-care providers, dog walkers and pet sitters, tutors and housekeepers. Then you make all the arrangements including hiring and payment of caregivers.

SelectPlus is enhancing its eldercare services for 2013. Learn more on the Open Enrollment website.

Visit the SelectPlus website (sittercity.com/universityofcalifornia).

IF YOU OR A FAMILY MEMBER BECOME ELIGIBLE FOR MEDICARE IN 2013

If you continue working at UC past age 65, you are not required to sign up for Medicare Part A, B or D. Any family member covered by your plan who becomes eligible for Medicare may also defer signing up for Medicare. When you retire or if you or your covered dependents lose your employer medical coverage, you must immediately enroll in Medicare. If you do not enroll immediately, Medicare may charge a permanent 10 percent penalty for each full year you could have enrolled in Part B.

If you plan to retire in 2013, are eligible for retiree health insurance, and expect to enroll in Medicare during the year, consider whether the Medicare version of your medical plan offers the benefits you may want. If not, Open Enrollment is the time to change plans. You can’t change plans mid-year simply because you have become eligible for Medicare or have elected to retire.

Medicare plan service areas may differ from non-Medicare plan service areas. The Medicare version of your medical plan may have different benefits, medical groups, specialists and behavioral health providers. Call the plan directly or visit its website. For Medicare information, read the UC Medicare Factsheet, available on the At Your Service website or from your local 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 the At Your Service website. While you’re making Open Enrollment changes, check to see if your beneficiaries and their contact information are up to date while you are signed into your account.

To name beneficiaries for your Retirement Savings Program plans—DC, 403(b) and/or 457(b)—log in to ucfocusonyourfuture.com. Then select “My Account” and then “Update Beneficiaries.”

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

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

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

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

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

TERMS AND CONDITIONS

The Terms and Conditions governing participation in UC-sponsored health and welfare plans can be found on the Open Enrollment website: atyourservice.ucop.edu

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 (atyourservice.ucop.edu).

The Creditable Coverage notice pertaining to Medicare Part D prescription drug coverage is also available online.

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. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, and that you are 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: Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Email: HIPP@dhcs.ca.gov

If you live outside of California, please visit the UC Open Enrollment website (atyourservice.ucop.edu/open_enrollment/docs/chipra.pdf) for a list of states that currently provide premium assistance. The list is effective as of July 31, 2012, and includes contact information for each state listed.

To see if any more states have added a premium assistance program since July 31, 2012, 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
1-877-267-2323, Ext. 61565
2013 HEALTH BENEFITS OPEN ENROLLMENT FOR FACULTY AND STAFF

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 (1-800-888-8267). 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 Customer Service Center (1-800-888-8267).

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University’s affirmative action and equal opportunity policies for staff to Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 5th Floor, CA 94607, and for faculty to the Office of Academic Personnel, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.