

Open Enrollment

November 1–27
Faculty & Staff

for 2008

Open Enrollment is from
8:00 a.m. on Thursday,
November 1 through
midnight on Tuesday,
November 27, 2007 (PT).

If you make Open
Enrollment changes, your
new coverage will be
effective January 1, 2008.

There are many important
benefit plan changes
for next year, and you
should carefully read the
information in this mailer
and on the Open Enrollment
website ([atyourservice.
ucop.edu](http://atyourservice.ucop.edu)) to make informed
decisions.

Inside:

Key Changes for 2008—page 2

Actions You Can Take—page 3

Overview of Plan Changes—page 4

Transition of Care—page 7

Medical Plan Costs—page 8

Medical Benefits Summaries—
pages 10–13

Dear Colleagues,

I am pleased to present your 2008 Open Enrollment information. Thanks to very hard work by many individuals representing the University, I believe we are continuing to offer you a comprehensive and varied array of medical plans, with *decreases* in some premiums and only slight increases in other plans.

When we began exploring options for restructuring our medical plan offerings earlier this year, our goal was to find solutions that would help us continue to provide employees with meaningful benefits choices and quality care while controlling cost increases. I am proud to say that we believe we have succeeded in our goal. We have added a new medical plan and new benefits while monthly premiums for both Health Net and Blue Cross PLUS are decreasing. That is quite an accomplishment in this era of spiraling health care cost increases when many employers are cutting health benefits.

You'll find all the details about these changes in this booklet or on the Open Enrollment website available on At Your Service (atyourservice.ucop.edu). In particular, I recommend that you:

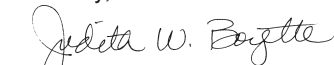
- Take advantage of the new wellness benefit if you are eligible. This benefit has been added as an important part of our ongoing health care program.
- Learn more about the enhanced and standardized behavioral health benefits, which United Behavioral Health (UBH) will provide for most plans.
- Consider the new CIGNA Choice Fund medical plan, a new type of plan, to see if it might be appropriate for you and your family.
- Actively choose a new medical plan if you are currently with PacifiCare. The PacifiCare plan is being discontinued because we felt that consolidating our HMO program with Health Net, which has very similar plan benefits and most of the same primary care physicians, hospitals and specialists as were available under PacifiCare, would provide continued quality care with some cost savings. We will do all that we can to minimize any disruptions in health care delivery for our members and to make the transition as smooth as possible.

You also may want to consider enrolling in the ARAG Legal Plan, which is not open for enrollment every year, but is available this year. You should also consider whether you want to contribute to the Health Care Reimbursement Account or the Dependent Care Reimbursement Account, which can help you save tax dollars on your out-of-pocket eligible health care and dependent care expenses.

The Open Enrollment period, November 1 to 27, is your opportunity to consider whether your current benefit enrollments are the right choices for you and your family. Don't miss this opportunity to take a closer look at your health care benefits.

Lastly, I want to take this opportunity to thank you for your dedication and service to the University. It is our faculty and staff who make UC a world leader in teaching, research and public service, and I want you to know how much the University appreciates your contributions. It is an honor for the Human Resources and Benefits Department to serve you and your families.

Sincerely,



Judith W. Boyette
Associate Vice President
Human Resources and Benefits

Key Changes for 2008

The changes highlighted here result from the work begun this year to restructure UC's medical plan offerings, preserve quality benefits, and limit cost increases.

Of Interest to all Employees

New UC Wellness Program

The University is committed to investing in the well being of employees, retirees, and their family members. In 2008, the University is launching *UC Living Well*, a new, voluntary, confidential health management program for employees, retirees, and their family members age 18 and older enrolled in all medical plans except Kaiser. Kaiser currently provides fully integrated wellness resources to its members.

StayWell Health Management, a leading provider of health promotion programs and services, administers the program. The new program will include a health assessment taken online or via paper and a \$75 gift certificate for completing the assessment. Moreover, when the gift certificate is redeemed at a UC recreational sports facility for any eligible service, the facility will offer an additional \$75 discount.

Additional program features include access to extensive online health resources and interactive tools, and health improvement programs with a health coach by telephone.

More details are on the Open Enrollment website (atyourservice.ucop.edu).

New Behavioral Health Benefits Provider

The University will invest more funding in and attention to the growing need for quality behavioral health service and care in 2008 by standardizing and improving the delivery of UC mental health and substance abuse benefits.

Behavioral health benefits will be provided by United Behavioral Health (UBH) starting next year for Health Net, CIGNA Choice Fund, and Western Health Advantage. UBH will continue to provide

benefits for the Blue Cross PLUS and Blue Cross PPO plans. Kaiser members will continue to have access to Kaiser's integrated behavioral health services as before—but in 2008, they also will have the option to access the UBH services and network that apply to the other plans.

UBH will offer the benefits shown in the medical benefits summaries that begin on page 10. Across all plans under UBH, the first three in-network mental health visits will be covered with no copayment required.

Also in 2008, behavioral health coverage is being added to the Core plan.

New HRA/PPO Plan—CIGNA Choice Fund

UC will provide a new Health Reimbursement Account plus Preferred Provider Organization (HRA/PPO) plan in 2008 which corresponds to the plan currently offered by Definity Health. It will be available to UC employees in the U.S., except Hawaii.

In the new plan, offered through CIGNA Choice Fund, the employee has a UC-funded health reimbursement account that pays first to help meet the member's annual deductible. All in-network preventive care is covered at 100 percent.

Plan benefits are shown in the benefits summaries that begin on page 10, and details about how the plan works are given on the Open Enrollment website.

Employees who are enrolled in CIGNA at the time of retirement and who are eligible to continue UC medical coverage will be able to continue the plan into retirement until eligible for Medicare.

Some Medical Plans Being Discontinued

Employees in the following plans, which are being discontinued at the end of the year, should have received individual letters in early October with details about their medical plan options for 2008, transition of care, and other important information.

If you are in one of these plans, we urge you to read this information and your letter carefully, and to select a new plan that best meets your needs. See page 7 for information about transition of care provisions for plans that are being discontinued.

Definity Health (UCSB and UCSF)

This plan will be replaced by CIGNA Choice Fund, which will be available at all locations. Definity Health members will automatically be enrolled in the CIGNA plan if they take no action at Open Enrollment.

High Option

Medicare enrollees only will be eligible to continue in this plan. UC will automatically enroll non-Medicare members who take no action in the Blue Cross PPO plan.

PacifiCare HMO California

UC will automatically enroll PacifiCare members who take no action in the Health Net HMO plan. Those in Imperial or San Luis Obispo counties will be enrolled in the Health Net Primary EPO plan, which is similar to the HMO. See page 6.

PacifiCare Nevada

UC will automatically enroll members who take no action in the Blue Cross PPO plan.

Select EPO

UC will automatically enroll members who take no action in the Blue Cross PPO plan.

Behavioral Health

In addition to the basic plan changes mentioned here, current behavioral health benefits for Health Net and WHA will be replaced by UBH benefits. UBH out-of-network benefits will be available only in the Blue Cross PPO plan.

Open Enrollment Actions You Can Take

- Change to a different medical plan.
- The Definity Health, High Option, PacifiCare, and Select EPO plans will be discontinued. Employees in these plans need to consider the plan options that will be available to them next year and take appropriate enrollment action. See page 2 and the medical plan summaries that begin on page 10.
- Change to a different dental plan (California residents only).
- Enroll eligible family members in your health plans.
- Enroll or re-enroll in the Health Care Reimbursement Account (HCRA) (see page 6), and/or Dependent Care Reimbursement Account (DepCare). Even if you are currently enrolled in these plans, **you must re-enroll** to participate in 2008.
- Enroll in the ARAG Legal Plan, or if already enrolled, add family members.
- Opt out of your medical, dental, or vision plan, or enroll in a new plan if you previously opted out.
- Change participation in the Tax Savings on Insurance Premiums (TIP) program (enrollment is automatic unless you opt out).
- Taking into account plan changes for 2008, if you are satisfied with your current coverage and do not need to make any changes for next year, you need not take any Open Enrollment action (except for HCRA and DepCare enrollment).

Important Reminders

- You'll receive plan I.D. cards, if applicable, by January.
- If you plan to add new family members to your medical plan, check whether the doctor they want is accepting new patients.
- If you are staying in your current plan and want to change only your primary care physician, phone your plan's member services department.
- Employees who have been notified that they have been de-enrolled from their health plans as a result of the 2007 eligibility random audit **will not** be able to re-enroll during Open Enrollment. Details are online.
- Under IRS rules, your taxable income may be affected if you have health plan coverage for any person who is not declared as your federal tax dependent. Details are online (atyourservice.ucop.edu).

- 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 *HIPAA* notice on page 14 for details.
- The Creditable Coverage notice pertaining to Medicare Part D prescription drug coverage is available online.

Local Assistance & Open Enrollment Events

Contact the person in your department who handles benefits matters or your local Benefits Office if you need personal assistance.

Your location may be conducting a benefits fair, Open Enrollment meetings, or informational programs. Watch for announcements at your location.

Open Enrollment is Online

atyourservice.ucop.edu

Go online to our website and select the *Open Enrollment 2008* icon to read about Open Enrollment and plan changes in 2008. If you decide to make a change during Open Enrollment, you will **make and confirm your enrollment changes on this website**.

On the website, you will find the following important detailed information (if you do not have internet access, contact your local Benefits Office for assistance):

- Your personalized benefits summary, showing current health and welfare plan enrollments for yourself and family members.
- The *Open Enrollment Eligibility* section that shows what family members are eligible for plan coverage.
- Special tools to help you find medical plans best suited to you and your family—*Medical Plan Chooser* and *Medical Plan Wizard*.
- The *Find a Doctor* tool.
- Contact information and website links for all health and welfare plan carriers.
- Links to the UC summary plan descriptions, carrier evidence of coverage booklets, and other publications about the plans.
- Important *Terms and Conditions* governing your participation in UC-sponsored plans.
- *Certificate of Creditable Coverage* when leaving a UC plan.

Overview of Plan Changes & Information for 2008

This is a summary of changes. Benefits summaries begin on page 10, and links to plan websites and evidence of coverage booklets containing details and important provisions are available on the Open Enrollment website (atyourservice.ucop.edu).

Medical Plans

Many employee medical plan costs will decrease from 2007, and some will increase modestly. See pages 8 and 9.

Blue Cross PPO

(Offered by Blue Cross of California®)*

There will be no charge (deductible waived) for routine preventive physical exams and specified immunizations (age 7 and over).

Prior authorization will no longer apply for non-emergency medical outpatient services at ambulatory surgical centers.

In-network behavioral health benefits

(UBH): Annual out-of-pocket maximums will be \$1,000 (individual) and \$3,000 (family). There will be no copay for the first three outpatient visits, and a \$15 copay thereafter (no copay through age 6). There will be a \$250 copay per inpatient admission.

In-network substance abuse benefits

(UBH): There will be a \$15 copay for outpatient visits, \$250 copay per inpatient admission, and \$250 penalty for non-compliance with treatment plan. The \$100 calendar year deductible has been eliminated.

Blue Cross PLUS

(Offered by Blue Cross of California®)*

There will be no in-network member copay for routine preventive physical exams and specified immunizations (age 7 and over).

UBH out-of-network behavioral health benefits will no longer be provided. Those who wish to continue to have UBH out-of-network mental health and/or substance abuse coverage may switch to the Blue Cross PPO plan.

Prior authorization will no longer apply for non-emergency medical outpatient services at ambulatory surgical centers.

In-network behavioral health benefits

(UBH): Annual out-of-pocket maximums will be \$1,000 (individual) and \$3,000 (family). There will be no copay for the first three outpatient visits, and a \$15 copay thereafter (no copay through age 6). There will be a \$250 copay per inpatient admission.

In-network substance abuse benefits

(UBH): There will be a \$15 copay for outpatient visits, \$250 copay per inpatient admission, and \$250 penalty for non-compliance with treatment plan. The \$100 calendar year deductible will be eliminated.

Core

(Offered by BC Life and Health Insurance Company)*

Behavioral health benefits have been added with a 20 percent coinsurance cost (after deductible) for inpatient and outpatient services.

Prior authorization will no longer apply for non-emergency outpatient services at ambulatory surgical centers.

High Option

(Offered by BC Life and Health Insurance Company)*

The non-Medicare portion of the plan will no longer be available in 2008. See page 2.

CIGNA Choice Fund

This new preferred provider organization (PPO) with UC-funded health reimbursement account (HRA) will replace Definity Health and be offered at all UC locations.

The plan provides in-network and out-of-network medical coverage for employees who live in the U.S., except Hawaii. See page 10 for the plan ben-

efits summary, and the Open Enrollment website for information about how this HRA/PPO plan works.

In-network behavioral health benefits will be provided by United Behavioral Health (UBH). See page 2.

Definity Health (UCSB and UCSF)

The plan will be replaced by CIGNA Choice Fund, which will be available at all locations. For Definity members who become CIGNA members, any Definity HRA balance as of December 31, 2007, will roll over into CIGNA. See page 2.

Health Net HMO

See page 6 for information about selecting a contracting physician group.

There will be no copay for preventive physical exams, preventive inoculations, and well baby care to age 2.

The copay for smoking cessation prescription drugs will be \$20 rather than 50 percent.

Behavioral health benefits will be provided by United Behavioral Health (UBH). See page 2.

A Health Net Exclusive Provider Organization (EPO) plan will be available outside the HMO service area in Imperial and San Luis Obispo counties. See page 6.

Kaiser Permanente California

Non-FDA approved drugs (outpatient, clinic administered, and inpatient) will be excluded from coverage (pending regulatory approval).

Quad canes, forearm crutches, and dry pressure pads will be covered under the base durable medical equipment (no copay) benefit at applicable cost share for HMO members.

Payment of one or more deposits may be required before starting or continuing a course of infertility services, with unused portions returned; or, copayment or coinsurance payment may be required before scheduling an infertility procedure.

* Blue Cross of California® and BC Life & Health Insurance Company are independent licensees of Blue Cross Association (BCA). The Blue Cross name and symbols are registered service marks of the Blue Cross Association.

Kaiser members will have access to Kaiser's behavioral health services and, in addition, will have the option of using UBH services and network. See page 2.

Kaiser Permanente Mid-Atlantic

No changes for 2008.

Kaiser Umbrella

The plan remains closed to new members. Contact your plan for information about any 2008 changes.

PacifiCare of California

The plan will no longer be available in 2008. See page 2.

PacifiCare of Nevada

The plan will no longer be available in 2008. See page 2.

Select EPO

The plan will no longer be available in 2008. See page 2.

Western Health Advantage

There will be no charge for preventive physical exams and office-administered preventive inoculations.

Pharmacy copays for maintenance medications will be \$20 (generic), \$40 (brand), and \$70 (non-formulary) for 90-day supplies at UC medical centers.

Self-injectable prescription drug copays (except for insulin and sexual dysfunction) will be \$10/\$20/\$35.

In-network behavioral health benefits will be provided by United Behavioral Health (UBH). See page 2.

Dental Plans

Delta Dental PPO (formerly Delta Dental)

Coverage for a third cleaning for pregnant women (currently covered only by report) will be added.

DeltaCare® USA (formerly PMI)

Copayments on certain inlay and onlay procedures will be reduced by \$50.

Coverage will be added for additional endodontic (root canal-related) procedures that were not previously covered.

Coverage will be added for additional oral surgery procedures that were not previously covered.

Dependent Care Reimbursement Account (DepCare)

New participants may enroll; current participants **must re-enroll** to participate in 2008.

Health Care Reimbursement Account (HCRA)

The convenient spending account card introduced last year will continue in 2008. See page 6.

New participants may enroll and will receive a card; current participants **must re-enroll** to participate in 2008 and will continue to use the card issued in 2007.

Legal Plan

The ARAG Legal Plan is open for enrollment this year.

A benefit for legal defense against civil damage claims is being added.

Monthly 2008 employee costs:
\$10.02 (self); \$13.78 (self and child(ren); self and adult); \$15.03 (self and adult and child(ren)).

Life and Disability Plans

Accidental Death & Dismemberment

The plan is open for enrollment year round. An AIG Identity Theft program will be added at no additional cost to assist identity theft victims.

Disability

The plan is not open for enrollment this year. There will be a rate increase in 2008—details are at the Open Enrollment website.

Life Insurance

An accelerated benefit option (ABO) will be added to Dependent Life for spouse/domestic partner coverage: 50 percent with a \$50,000 maximum.

Vision Service Plan (VSP)

The current 20 percent discount on non-covered pairs of prescription glasses will be extended to non-prescription glasses, including sunglasses.

Non-prescription sunglasses will be covered in full (using current frame allowance) if a member has laser eye surgery.

The plan will be made available to UC retirees effective July 1, 2008. Retirees will pay the full premium.

Additional Health Net HMO Information

Selecting a Contracting Physician Group within the Health Net HMO Service Area

If you or your family members reside outside the Health Net HMO service area you may also enroll based on your work address that is within the Health Net HMO service area. If you or your family members choose a physician group based on its proximity to your work address, you will need to travel to that Physician Group for any non-emergency or non-urgent care that you receive. Some physician groups may decline to accept assignment of a member whose home or work address is not close enough to the Physician Group to allow reasonable care. Please contact Health Net Member Services at the telephone number listed on page 15 if you have questions or need assistance with selecting a physician group.

Health Net Primary EPO

This Primary EPO plan is available to non-Medicare members living in Imperial and San Luis Obispo counties. An EPO is similar to an HMO plan in that members must select a PCP from the Primary EPO network and must use contracted PCPs and specialists in the EPO network.

Behavioral health benefits will be provided by United Behavioral Health (UBH) see page 2.

Do you Live Outside California?

You'll find a special section online that gives your medical plan choices for 2008 if you live in:

- **DC, Maryland, Virginia** Blue Cross PPO, CIGNA Choice Fund, Core, Kaiser Mid-Atlantic
- **Nevada** Blue Cross PPO, CIGNA Choice Fund, Core
- **Other states and outside U.S.** Blue Cross PPO, CIGNA Choice Fund (U.S. residents only, except Hawaii), Core

Take Charge of Your Out-of-Pocket Health Care Expenses!



Now is the time to enroll or re-enroll for 2008 in the UC Health Care Reimbursement Account (HCRA) program, and receive a convenient spending account card to pay your eligible expenses.

Who should enroll?

You should seriously consider opening a HCRA account if you expect to have between \$180 and \$5,000 of out-of-pocket health care expenses next year.

What are the main advantages of having an account?

- **A planned approach to paying expenses**—You set aside money that you will have to pay anyway in an account from which you can draw to pay eligible health care expenses for yourself, your legal spouse, and those whom you claim as federal tax dependents.
- **Affordable pre-tax contributions**—You contribute an equal portion of the total annual amount of your account by pre-tax deductions each pay period.
- **Total account access**—You can use up to the total annual amount you elected any time during the year when you need it.
- **Tax savings**—Because your deductions are taken before taxes, your tax liability is reduced. (The tax saving impact increases with the size of the account.)
- **Spending account card convenience**—You will have a card that you can use to pay for qualified expenses at participating providers' offices and facilities, drug stores, and most pharmacies where VISA® cards are accepted, so you won't have to pay out-of-pocket or file reimbursement claim forms.

What you should do

- Go to the HCRA section of the online Open Enrollment site (atyourservice.ucop.edu) and read the important details about HCRA and the spending account card; AND
- Follow the link to the SHPS Calculator to determine what the amount of your account should be and to estimate your 2007 tax savings.
- Enroll or re-enroll in HCRA during the Open Enrollment period (November 1–27).

To keep in mind

- You will need to keep your receipts in case your expense cannot be validated.
- Under IRS rules, money that you set aside in HCRA in 2008 can be used for qualified expenses through March 15, 2009—but any unused money that remains will be forfeited. You therefore should consider carefully your expected expenses.

Transition of Care Guidelines and Information

If you are changing medical plans for 2008, there may be some transition of care issues to consider. Many plans offer standard transition of care support provisions to bridge the gap between old and new plans. These provisions are important for members who are currently under care from providers who will no longer be in-network under the member's new plan. This arrangement allows a period of time to facilitate transition to a new plan network provider. Transition of care staff at your new plan will help you identify network providers who can offer you necessary care once the transition period ends.

Examples of the types of conditions that might qualify for transition support include:

- Acute medical condition (heart attack, stroke) or a serious chronic condition (cancer, leukemia) in active treatment
- Terminal illness
- Scheduled for authorized surgery/ procedure after January 1, 2008
- Pregnancy (certain trimesters)
- Trauma
- Hospital confinement on December 31, 2007

All decisions on qualification for transition of care benefits, which are intended to allow members to temporarily receive services from non-network providers at in-network rates, require acceptance of contractual and payment terms by the non-contracted provider.

There may be additional special transition benefits for you and covered family members if your UC plan is being discontinued. See the detailed chart posted on the Open Enrollment website (atyourservice.ucop.edu) for more details.

If your new Plan will be:	Follow these procedures:
Health Net	Discuss your transition of medical care with your current physician. Then, call Health Net Customer Service at 1-800-539-4072 after 11/1/07 to request a Transition of Care Application. Complete and mail the form to Health Net by 12/14/07 or within the first 30 days of 2008. Health Net will be able to consider the application once it receives UC's eligibility file in mid-December. With complete information, Health Net can make a decision within 8 business days.
CIGNA Choice Fund	Call CIGNA Customer Service at 1-800-244-6224 after 11/1/07 to request a Transition of Care Request Form. Complete the form and mail it to CIGNA by 12/14/07 or within the first 30 days of 2008. CIGNA will be able to consider the application once they receive UC's eligibility file in mid-December.
Blue Cross PPO	Call Blue Cross Customer Service at 1-888-209-7975 after 11/1/07 to request a Transition Assistance application. Complete the form and mail it to Blue Cross by 12/14/07 or within the first 30 days of 2008. Blue Cross will be able to consider the application once they receive UC's eligibility file in mid-December. With complete information, Blue Cross can make a decision within 5 business days, or 2 business days for urgent requests.
United Behavioral Health	If receiving outpatient care, call UBH at 1-888-440-UCAL (8225) after 11/1/07 or within the first 31 days of 2008 for a certification of the transition benefit.

Employee Medical Plan Costs

UC will continue to pay the greater portion of monthly medical plan premiums in 2008, and employees will pay the balance as shown in the tables on this page and the next.

Four Rate Levels Based on Salary

Four rate tables (“pay bands”) are shown on this page and the next. Your pay band, and thus your premium, is based on your full-time salary rate as of January 1, 2007, excluding any pay increases you might have received later during 2007. This pay band structure has been used since 2004. It allows UC to provide larger monthly employer contributions for those earning less to help alleviate a disproportionate premium burden on them.

UC pay increases occurred last fall. For employees whose salaries were near the current band thresholds last year, increasing salaries could result in their moving up a pay band. To minimize this effect, the four pay bands for 2008 have been re-indexed to reflect the increase in the California Consumer Price Index (CPI) from 2006 to 2007. This approach allows continued favorable treatment for employees in the lowest pay band. In future years, the pay bands will be examined in relation to CPI movement and re-indexed as appropriate.

The impact of premium costs on take-home pay for all levels is lessened because employee premiums, if any, are deducted from pay before taxes under the Tax Savings on Insurance Premiums (TIP) program.

Medicare Information

For those nearing retirement:

Information on Medicare (including UC’s enrollment requirements and how UC plans coordinate with Part A—Hospital, Part B—Medical, and Part D—Prescription Drugs) is available online (atyourservice.ucop.edu).

Medical Plans—Employee Monthly Costs for 2008

For Those With Full-Time Salary Rate of \$45,000 or Less

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Blue Cross PLUS	\$46.59	\$83.86	\$131.78	\$169.04
Blue Cross PPO	75.91	136.64	193.35	254.07
Core	0.00	0.00	0.00	0.00
CIGNA Choice Fund	14.86	26.74	65.14	77.03
Health Net	16.86	30.34	69.34	82.83
Kaiser Permanente—California	6.50	11.71	13.66	18.86
Kaiser Permanente—Mid-Atlantic	45.09	81.16	128.63	164.70
Kaiser Umbrella	275.41	495.74	612.30	832.62
Western Health Advantage (WHA)	6.50	11.71	13.66	18.86

For Those With Full-Time Salary Rate of \$45,001–\$89,000

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Blue Cross PLUS	\$72.34	\$130.21	\$190.35	\$248.21
Blue Cross PPO	101.66	182.99	251.92	333.24
Core	0.00	0.00	0.00	0.00
CIGNA Choice Fund	40.61	73.09	123.71	156.20
Health Net	42.61	76.69	127.91	162.00
Kaiser Permanente—California	33.06	59.51	74.43	100.88
Kaiser Permanente—Mid-Atlantic	70.84	127.51	187.20	243.87
Kaiser Umbrella	301.16	542.09	670.87	911.79
Western Health Advantage (WHA)	33.06	59.51	74.43	100.88

If You Plan to Retire in 2008

Your monthly premiums may change if you retire in 2008. Premiums for retirees who are eligible for Medicare are different than those for other retirees. Additionally, premiums for all retirees, regardless of income, are based on the second (\$45,001–\$89,000) pay band table.

UC may pay from 50 percent to 100 percent of the monthly employer contribution for eligible retirees, based on when retirement plan membership began, service credit, and other factors.

For Those With Full-Time Salary Rate of \$89,001–\$133,000

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Blue Cross PLUS	\$98.59	\$177.46	\$242.55	\$321.41
Blue Cross PPO	127.91	230.24	304.12	406.44
Core	0.00	0.00	0.00	0.00
CIGNA Choice Fund	66.86	120.34	175.91	229.40
Health Net	68.86	123.94	180.11	235.20
Kaiser Permanente—California	60.16	108.29	128.06	176.19
Kaiser Permanente—Mid-Atlantic	97.09	174.76	239.40	317.07
Kaiser Umbrella	327.41	589.34	723.07	984.99
Western Health Advantage (WHA)	60.16	108.29	128.06	176.19

For Those With Full-Time Salary Rate Greater Than \$133,000

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Blue Cross PLUS	\$125.34	\$225.61	\$295.76	\$396.02
Blue Cross PPO	154.66	278.39	357.33	481.05
Core	0.00	0.00	0.00	0.00
CIGNA Choice Fund	93.61	168.49	229.12	304.01
Health Net	95.61	172.09	233.32	309.81
Kaiser Permanente—California	88.35	159.02	183.84	254.51
Kaiser Permanente—Mid-Atlantic	123.84	222.91	292.61	391.68
Kaiser Umbrella	354.16	637.49	776.28	1,059.60
Western Health Advantage (WHA)	88.35	159.02	183.84	254.51

Notice to Employees in the Registered Nurse, Patient Care Technical, and UC Merced Skilled Crafts Bargaining Units

Changes in employee contribution rates for medical plan options are subject to negotiations with unions representing employees in bargaining units for which the contract is expired or for which the parties are currently engaged in negotiations.

Changes in employee contributions for 2008 announced in the Open Enrollment communications that are being issued to all participants will not become effective for employees in the Registered Nurse, Patient Care Technical, and UC Merced Skilled Crafts Units until the University and their unions' representatives reach agreement or until otherwise implemented in accordance with the requirements of HEERA.

Due to operational requirements, the medical plan options made available on the website and in written communication to all employees during Open Enrollment will reflect the new employee contribution rate for all participants.

Employees in the Registered Nurse, Patient Care Technical, and UC Merced Skilled Crafts Units can make enrollment changes during Open Enrollment, and they will be charged the applicable employee contribution rate until the University and their unions' representatives reach agreement or until otherwise implemented in accordance with the requirements of HEERA.

Medical Benefits Summary: 2008

PLAN	COSTS			HOSPITAL SERVICES		
	Calendar Year Deductible	Annual Out-of-Pocket Maximum—Medical Benefits	Lifetime Maximum	Inpatient	Surgeon/Assistant Surgeon	Emergency Room
Health Net Non-Medicare HMO (HMO) 1-800-539-4072	\$0	One person: \$1,000 Family (3 persons or more): \$3,000 (excludes prescription drugs)	No overall maximum lifetime benefit. May have lifetime maximums for specific benefits; see plan booklet.	\$250 copayment per admittance	No charge	\$50 (waived if admitted)
Health Net Primary EPO 1-800-539-4072	\$0	Individual: \$1,000 Family (3 persons or more): \$3,000 (excludes prescription drugs)	No overall maximum lifetime benefit. May have lifetime maximums for specific benefits; see plan booklet.	\$250 copayment per admittance	No charge	\$50 (waived if admitted)
Kaiser—CA (HMO) 1-800-464-4000	\$0	Individual: \$1,500 Family (2 persons or more): \$3,000	No overall maximum lifetime benefit. May have lifetime maximums for specific benefits; see plan booklet.	\$250 copayment per admittance	No charge	\$50 (waived if admitted)
Western Health Advantage (HMO) 1-888-563-2250	\$0	Individual: \$1,000 Family (3 persons or more): \$3,000	No overall maximum lifetime benefit. May have lifetime maximums for specific benefits; see plan booklet.	\$250 copayment per admittance	No charge	\$50 (waived if admitted)
Blue Cross PLUS In-Network (POS) 1-888-209-7975	\$0	Individual: \$1,500 Family: \$4,500	Unlimited	\$250 copayment	No charge	\$75 per visit (waived if admitted)
Out-of-Network	Individual: \$500 Family: \$1,500	Individual: \$5,000 Family: \$15,000	\$2,000,000	30% (\$200 penalty if services are not preauthorized)	30%	\$75 per visit (waived if admitted)
Blue Cross PPO In-Network (PPO) 1-888-209-7975	Individual: \$250 Family: \$750	Individual: \$3,000 Family: \$9,000	\$5,000,000 (combined in-network and out-of-network)	20% (\$200 penalty if services are not preauthorized)	20%	20%
Out-of-Network	Individual: \$500 Family: \$1,500	Individual: \$6,000 Family: \$18,000	\$5,000,000 (combined in-network and out-of-network)	40% (\$200 penalty if services are not preauthorized)	40%	20%
Core (Fee-for-service) 1-888-209-7975	Individual: \$3,000	Individual: \$7,600	\$2,000,000	20% (\$500 penalty if services are not preauthorized)	20%	20%
CIGNA Choice Fund (HRA/PPO) In-Network 1-800-401-4041	Employee: \$1,500; Employee & Adult: \$2,250; Employee & Children: \$2,250; Family: \$3,000 (includes HRA)*	Employee: \$1,500; Employee & Adult: \$2,250; Employee & Children: \$2,250; Family: \$3,000	\$5,000,000 (combined in-network and out-of-network)	20%	20%	20%
Out-of-Network	Employee: \$1,500; Employee & Adult: \$2,250; Employee & Children: \$2,250; Family: \$3,000 (includes HRA)*	Employee: \$8,500; Employee & Adult: \$12,750; Employee & Children: \$12,750; Family: \$17,000	\$5,000,000 (combined in-network and out-of-network)	40%	40%	40% 20% if emergency criteria met

* UC-funded annual Health Reimbursement Account (HRA): \$1,000 for employee only; \$1,500 for employee and adult or employee and children; \$2,000 for a family. At end of year, unused HRA amounts are rolled over to the next year.

PHYSICIAN VISITS						
Ambulance	Office Visit	Hospital Visit	Preventive Physical Exam	Maternity Outpatient Care	Maternity Inpatient Care	Well Baby Care
No charge	\$15	No charge	No charge	No charge	\$250 copayment per admittance	No charge to age 2
No charge	\$15	No charge	No charge	No charge	\$250 copayment per admittance	No charge to age 2
No charge	\$15	No charge	\$15	No charge	\$250 copayment per admittance	No charge to age 2
No charge	\$15	No charge	No charge	No charge	\$250 copayment per admittance	No charge to age 2
No charge	\$20	No charge	No copayment	\$20 first visit, no charge thereafter	\$250 copayment	No charge up to age 7
30% (no copayment if emergency)	30%	30%	30% (age 7 and older)	30%	30%	No charge up to age 7 (deductible waived)
20%	20%	20%	No copayment (deductible waived)	20% (deductible waived)	20%	No charge up to age 7 (deductible waived)
20%	40%	40%	40% (deductible NOT waived) age 7 and older	40% (deductible NOT waived)	40%	No charge up to age 7 (deductible waived)
20%	20%	20%	20%	20%	20%	20%
20%	20%	20%	No charge (HRA and deductible waived for in-network)	20%	20%	No charge (HRA and deductible waived for in-network)
40% 20% if emergency criteria met	40%	40%	40%	40%	40%	40%

Note: Benefits show what member pays.

This is a summary only. Important details—such as limitations, exclusions, exceptions, and other qualifiers—may not be included. For detailed information, call the plan or see their website for specific benefits, provider information, and plan booklets.

Service areas: To determine if a medical plan provides service where you live, call the plan directly.

Medical Benefits Summary: 2008

PLAN	ALTERNATIVE CARE				OTHER BENEFITS		
	Hospice (Inpatient)	Hospice (Outpatient)	Home Health Care	Skilled Nursing Facility	Outpatient X-Ray and Lab	Eye Exams	Chiropractor
Health Net (HMO)	No charge	No charge	No charge	No charge	No charge	\$15	Not covered
Health Net Primary EPO	No charge	No charge	No charge	No charge	No charge	\$15	Not covered
Kaiser—CA (HMO)	No charge	No charge	No charge (part time or intermittent care only)	No charge	No charge	\$15	Not covered
Western Health Advantage (HMO)	No charge	No charge	No charge	No charge (to 100 days per benefit period)	No charge	\$15	Not covered
Blue Cross PLUS In-Network (POS)	No charge	No charge	No charge	No charge	No charge	\$20 (medically necessary)	\$20 (Network Panel only)
Out-of-Network	30%	30%	30%; not covered if services are not preauthorized. Up to 100 visits/ calendar year	30%; not covered if services are not preauthorized. Up to 240 days/ calendar year	30%	Not covered	Not covered
Blue Cross PPO In-Network (PPO)	20%	20%	20% (preauthorization required) (up to 100 visits/ calendar year combined PPO and non-PPO)	20% (preauthorization required) (up to 240 days/ calendar year combined PPO and non-PPO)	20%	20% (medically necessary)	20%
Out-of-Network	20%	20%	40% (preauthorization required) (up to 100 visits/ calendar year combined PPO and non-PPO)	40% (preauthorization required) (up to 240 days/ calendar year combined PPO and non-PPO)	40%	Not covered	40%
Core (Fee-for-service)	20% (Lifetime Maximums: Inpatient 30 days)	20% (Lifetime Maximums: Outpatient \$5,000)	20% (up to 100 visits/ calendar year)	20% (up to 120 days/ calendar year)	20%	20% (medically necessary)	20%
CIGNA Choice Fund (HRA/PPO) In-Network	20%	20%	20% (180 day limit/ calendar year combined with special duty nurse)	20% (180 day limit)	20%	20% (medically necessary)	20% (20 visit limit/ calendar year combined with acupuncture)
Out-of-Network	40%	40%	40% (180 day limit/ calendar year combined with special duty nurse)	40% (180 day limit)	40%	40% (medically necessary)	40% (20 visit limit/ calendar year combined with acupuncture)

Note: Benefits show what member pays.

This is a summary only. Important details—such as limitations, exclusions, exceptions, and other qualifiers—may not be included. For detailed information, call the plan or see their website for specific benefits, provider information, and plan booklets.

¹ Behavioral Health benefits for Blue Cross PLUS, Blue Cross PPO, Health Net HMO, Health Net Primary EPO, CIGNA Choice Fund, and Western Health Advantage plans provided through United Behavioral Health (UBH). Kaiser members have access to the Kaiser benefits shown, and in addition, may use the UBH in-network benefits and network.

	PRESCRIPTION DRUGS		BEHAVIORAL HEALTH ¹			
Acupuncture	Retail (Up to 30-day supply)	Mail Order (Up to 90-day supply)	Mental Health Inpatient	Mental Health Outpatient	Substance Abuse Inpatient	Substance Abuse Outpatient
Not covered	Generic: \$10 Brand: \$20 Non-Formulary: \$35	Generic: \$20 Brand: \$40 Non-Formulary: \$70	\$250 copayment per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance (preauthorization required)	\$15 copayment
Not covered	Generic: \$10 Brand: \$20 Non-Formulary: \$35	Generic: \$20 Brand: \$40 Non-Formulary: \$70	\$250 copayment per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance (preauthorization required)	\$15
Not covered	(Up to 100-day supply) Generic: \$10 Brand: \$20 Non-Formulary: does not apply	(Up to 100-day supply) Generic: \$10 Brand: \$20 Non-Formulary: does not apply Mail order refills can be arranged	\$250 copayment per occurrence or admittance	\$15 for individual visit; \$7 for group visit	\$250 copayment per occurrence or admittance. \$100 copayment for home transitional residential recovery services up to 60 days per calendar year	\$15 for individual visit; \$5 for group visit
Not covered	Generic: \$10 Brand: \$20 Non-Formulary: \$35	Generic: \$20 Brand: \$40 Non-Formulary: \$70	\$250 copayment per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance (preauthorization required)	\$15
\$20 (Network Panel only)	\$15 generic/\$25 brand formulary/ \$40 non-formulary	\$30 generic/\$50 brand formulary/ \$80 non-formulary	\$250 per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance (preauthorization required)	\$15 copayment
Not covered	At participating pharmacies: \$15 generic/\$25 brand formulary/ \$40 non-formulary	\$30 generic/\$50 brand formulary/ \$80 non-formulary. Must use plan mail order facility	N/A	N/A	N/A	N/A
20%	\$15 generic/\$25 brand formulary/ \$40 non-formulary	\$30 generic/\$50 brand formulary/ \$80 non-formulary	\$250 per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance (preauthorization required)	\$15 copayment
40%	At participating pharmacies: \$15 generic formulary/\$25 brand formulary/ \$40 non-formulary	\$30 generic/\$50 brand formulary/ \$80 non-formulary. Must use plan mail order facility	40% (\$200 non-notification penalty per admission)	40% with notification (60% without). Limited to 20 visits per year.	40% (\$200 non-notification penalty per admission)	40% (\$200 non-notification penalty per course of treatment)
20% (\$500 maximum/calendar year)	20%	No mail order benefit	20%	20%	20%	20%
20% (20 visit limit combined with chiropractor)	Generic: 20% Brand: 20%	Generic: 20% Brand: 20%	\$250 copayment per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance	\$15 copayment
40% (20 visit limit combined with chiropractor)	Generic: 40% Brand: 40%	N/A	N/A	N/A	N/A	N/A

Participation Terms and Conditions

Your Social Security number will be requested only when needed by benefit plan administration for financial reporting or to verify your identity, in compliance with state and federal law.

As a participant in UC-sponsored plans, you agree to the following terms and conditions:

1. Most of the medical plans that UC offers [including the medical portion of Blue Cross PLUS and Blue Cross PPO (offered by Blue Cross of California®*), Health Net, Western Health Advantage, and CIGNA Choice Fund], Core (offered by BC Life and Health Insurance Company)*, High Option Supplement to Medicare (offered by BC Life and Health Insurance Company)*, and Kaiser Permanente **require resolution of medical malpractice and other disputes through binding arbitration. When you enroll in these plans, you agree that any dispute between you (and/or your enrolled family members) and the medical plan must be submitted to binding arbitration. You agree to waive your right to a jury or court trial to resolve these disputes.** For more information about each plan's arbitration provision, please see the appropriate plan booklet or call the plan.
2. By making an election with your written or electronic signature, you are authorizing the University to take deductions from your earnings (employees)/monthly Retirement Plan income (retirees) to cover your monthly costs, if any, for the plans you have chosen for yourself and your eligible family members.
3. You acknowledge and accept all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and *UC's Group Insurance Regulations*.
4. If you enroll family members, the University and/or carrier may require proof of eligibility. Marriage or birth certificates, adoption papers, tax records, and the like may be requested. You agree to provide such documentation upon request.
5. If you enroll your eligible domestic partner and/or your partner's eligible child(ren) or grandchild(ren), or if you enroll or have enrolled your natural or adopted child who is not claimed as your tax dependent, you acknowledge that the UC/employer contribution for their medical and/or dental and/or vision coverage may be reported as income to you, subject to FICA (Social Security and Medicare) and federal and California state income tax withholding.
6. If you specifically ask UC representatives to intercede on your behalf with your insurance plan, University representatives will request minimum necessary health information required to assist you with your problem. If more protected health information is needed to solve your problem, in compliance with state privacy laws and federal laws, including HIPAA (Health Insurance Portability and Accountability Act of 1996), you may be required to sign an authorization allowing UC to provide the insurance plan with relevant personal health information or authorizing the insurance plan to release such information to the University representative.
7. Actions you take during Open Enrollment will be effective the following January 1, unless otherwise stated.
8. You certify that all enrolled family members are eligible for coverage based on the definitions and rules specified in the UC publications, *Group Insurance Eligibility Factsheet for Employees and Eligible Family Members* and *Group Insurance Eligibility Factsheet for Retirees and Eligible Family Members*. You agree that you will de-enroll them within 31 days if they lose eligibility. You further certify that all the information you provide is true to the best of your knowledge, under penalty of perjury.
9. Making false statements about satisfying eligibility criteria, failing to notify the University of loss of eligibility within 31 days of such loss, or failing to provide documentation when

requested will lead to de-enrollment of the family members and possible legal action. In addition, employees/retirees may be subject to disciplinary action (e.g., loss of health benefits for up to 12 months) and will be responsible for any employer contributions to and benefits paid by the plan for the ineligible coverage.

* Blue Cross of California® and BC Life & Health Insurance Company are independent licensees of Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the Blue Cross Association.

Health Insurance Portability and Accountability Act of 1996 Notification for Medical Program Eligibility

If you are declining enrollment for yourself or your eligible family members because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your eligible family members in a UC-sponsored medical plan if you or your family members lose eligibility for that other coverage (or if the employer stops contributing toward the other coverage for you or your family members.) You must request enrollment within 31 days after you or your family member's other medical coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a newly eligible family member as a result of marriage/domestic partnership, birth, adoption, or placement for adoption, you may be eligible to enroll yourself and your family member(s). You must request enrollment within 31 days after the marriage/partnership, birth, adoption, or placement for adoption.

If you do not enroll your family member(s) within the 31 days when first eligible, you may enroll them at a later date. However, each member will need to complete a waiting period of 90 consecutive calendar days before medical coverage becomes effective, or you can enroll them during the next Open Enrollment period.

To request special enrollment or obtain more information, contact your local Benefits Office.

Note: If you are enrolled in a UC medical plan, you may be able to change medical plans if:

- you acquire a newly eligible family member; or
- your eligible family member loses other coverage.

In either case, you must request enrollment within 31 days of the occurrence.

To be eligible for plan membership, you and your family members must meet all UC eligibility requirements for coverage as stated in the *Group Insurance Eligibility Factsheet for Employees and Eligible Family Members*. All plan members are subject, as a condition of coverage, to eligibility verification audit by the University and/or insurance carriers.

Insurance Carrier Toll-free Numbers

Medical Plans

Blue Cross PLUS and Blue Cross PPO	1-888-209-7975
Core	1-888-209-7975
CIGNA Choice Fund (preenrollment new members)	1-800-401-4041
Health Net HMO	1-800-539-4072
Health Net Primary EPO	1-800-539-4072
Kaiser Permanente—California	1-800-464-4000
Kaiser Permanente—Mid-Atlantic In Washington D.C. Metro area	1-301-468-6000
Outside Metro area	1-800-777-7902
Western Health Advantage	1-888-563-2250
United Behavioral Health (UBH)	1-888-440-8225

Dental Plans

Delta Dental PPO	1-800-777-5854
DeltaCare® USA	1-800-422-4234

Other Plans

Vision Service Plan (VSP)	1-800-877-7195
ARAG Legal Plan	1-800-828-1395
Disability Insurance (Liberty Mutual)	1-800-838-4461
Life Insurance (Prudential)	1-800-524-0542
AD&D (American Home Assurance)	1-800-772-7863
Automobile and Homeowner/Renter (A+—formerly California Casualty)	1-866-680-5143
DepCare (SHPS, Inc.)	1-877-270-3915
Health Care Reimbursement Account (SHPS, Inc.)	1-877-270-3915



University of California
Human Resources and Benefits
P.O. Box 24570
Oakland, CA 94623-1570

Presorted
First Class Mail
U.S. Postage Paid
Oakland, CA
Permit No. 208

Forwarding Service Requested

Open Enrollment for 2008

atyourservice.ucop.edu

By authority of the Regents, University of California Human Resources and Benefits, 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. Contact your Human Resources Office for more information.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse/domestic partner, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

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 Director of Diversity and Employee Programs, University of California Office of the President, 300 Lakeside Drive, Oakland, CA 94612 and for faculty to Director of Academic Affirmative Action, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

Website address: atyourservice.ucop.edu

127M



2050 10/07