

# Open Enrollment

## Medicare Open Enrollment for Via Benefits:

Sunday, October 15 –  
Thursday, December 7, 2023

[thegrooveviabenefits.com](https://thegrooveviabenefits.com)

## Open Enrollment for UC plans:

Thursday, October 26 –  
Friday, November 17, 2023

[ucal.us/oe](https://ucal.us/oe)

UNIVERSITY  
OF  
CALIFORNIA

Medicare Retirees Outside California



Open Enrollment is your annual opportunity to enroll in or make changes to your benefits coverage. Read all about your deadlines and choices this year. Your changes will be effective Jan. 1, 2024.

Open Enrollment for your medical and prescription drug plan(s) through Via Benefits is from Sunday, Oct. 15 through Thursday, Dec. 7, 2023.

For UC benefits (dental, vision and legal insurance), your Open Enrollment is from 8 a.m. on Thursday, Oct. 26 through 5 p.m. (PT) on Friday, Nov. 17, 2023.

### UC'S MEDICARE COORDINATOR PROGRAM

#### **ADMINISTERED BY VIA BENEFITS**

UC sponsors a Medicare Coordinator Program for retirees and their family members — all of whom must be 65 years old or older, eligible for Medicare and UC retiree health benefits and live outside the state of California. To learn more about eligibility rules, visit [ucal.us/medicarecoordinator](http://ucal.us/medicarecoordinator).

This program offers:

- **Choice:** More local plans, including Kaiser Permanente where available
- **Value:** Plans to fit every budget
- **Flexibility:** Family members can elect different plans
- **Support:** Personalized assistance from Via Benefits

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

### HEALTH REIMBURSEMENT ARRANGEMENT (HRA) FROM UC

If you're eligible, UC provides an annual contribution to a Health Reimbursement Arrangement (HRA) once you've enrolled through Via Benefits. (See “What you need to do” on page 3.) You can use your HRA to pay for your Medicare and other plan premiums and out-of-pocket health care costs.

UC contributes up to \$3,000 for you and for each eligible family member you cover through Via Benefits. For example, if you are covering an eligible spouse or domestic partner, UC will contribute up to \$6,000 to your combined HRA account for both of you to use.

The amount of the HRA contribution from UC depends on your graduated eligibility. Also, UC's contribution will be prorated if you are enrolled for less than a full calendar year.

Your HRA funds for 2024 will be available on Jan. 2, and any unused funds will roll over to the next year. If your coverage through Via Benefits ends, remaining HRA funds will be forfeited. HRA funds cannot be bequeathed to another individual.

# YOUR VIA BENEFITS OPEN ENROLLMENT “TO DO” LIST

## ENROLLING THROUGH VIA BENEFITS

### OCT. 15 – DEC. 7, 2023

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

Information on Open Enrollment will be emailed or mailed by Via Benefits to enrolled retirees. Your medical plan carrier will provide details about any plan changes, including changes to your costs. Visit [thegrooveviabenefits.com/medicare-oep](https://thegrooveviabenefits.com/medicare-oep) to learn more or reserve an appointment to speak with a licensed benefit advisor. Be sure to reserve early.

### WHAT YOU NEED TO DO

**If your plan continues to be offered through Via Benefits and you are happy with your existing coverage, you do not need to take any action. Your plan renews automatically. Your premiums may change.**

**If you want to explore other options, you must do so through Via Benefits.** To receive a Health Reimbursement Arrangement (HRA) contribution from UC, you and all your covered family members must:

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

### ENROLLING IN KAISER

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

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

- Call Via Benefits and tell them you are interested in enrolling in Kaiser.
- The Via Benefits benefit advisor will give you the appropriate Kaiser number to call.
- Call Kaiser and complete the enrollment.
- Once enrolled, call Via Benefits to let them know you are enrolled with Kaiser and provide your Kaiser identification number.
- Via Benefits will then set up your HRA.

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

### RETURNING TO UC MEDICAL COVERAGE

If you are living outside of California and have coverage that was not obtained through Via Benefits, you may return to UC-sponsored medical coverage during Medicare Open Enrollment. You must enroll through Via Benefits to receive UC’s contribution to your 2024 HRA. You need to submit a UBEN 100 form to the UC Retirement Administration Service Center and then contact Via Benefits, self identify as a UC retiree and enroll. Contact the UC Retirement Administration Service Center if you have questions.

### IF YOU MOVE

If you moved back to California during the year, UC Open Enrollment is your opportunity to return to a UC medical group plan if you choose. You need to complete and submit a UBEN 100 and a Medicare assignment form for each family member enrolling in a UC Medicare plan.

If you are planning a move and will continue to reside in a U.S. state outside of California, contact Via Benefits to determine if you are moving to a new service area and will need to

## YOUR UC OPEN ENROLLMENT “TO DO” LIST

change plans. To continue your HRA, you must make medical plan changes directly with Via Benefits, not with your medical plan or carrier.

### KEEP YOUR INFORMATION CURRENT

To stay informed, make sure your contact information (including your phone number, email and physical address) is up to date on UCRAYS.

### ENROLLING IN UC PLANS

#### UC OPEN ENROLLMENT FOR DENTAL, LEGAL AND VISION PLANS: OCT. 26 – NOV. 17, 2023

UC’s dental, legal and vision insurance plans are open for enrollment this year through 5 p.m. (PT) on Friday, Nov. 17. **The changes you make during Open Enrollment will be effective Jan. 1, 2024.**

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

See pages 5-6 to learn more about 2024 changes and rates, and visit the Open Enrollment website ([ucal.us/oe](http://ucal.us/oe)) for details.

### DENTAL AND LEGAL

- Visit the UC Open Enrollment website ([ucal.us/oe](http://ucal.us/oe)) to learn more about dental benefits through Delta Dental and legal insurance through ARAG.
- To make changes to your dental or legal plan, or add or disenroll family members, submit a UBEN 100 form to the UC Retirement Administration Service Center by Nov. 17, 2023.

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

**Fax to:** 800-792-5178

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

### VISION INSURANCE

- Contact VSP at 866-240-8344 or [uc retirees.vspforme.com](http://uc retirees.vspforme.com).

### AD&D INSURANCE

- Contact Prudential directly at 855-483-1438. You can enroll at any time.

### PET INSURANCE

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

### IF YOU ARE UNABLE TO COMPLETE YOUR BENEFIT CHANGES ONLINE

If you need additional information or a form to complete your benefits changes during Open Enrollment, contact Via Benefits regarding your medical plan: 855-359-7381, Monday – Friday, 8 a.m. – 7 p.m. (ET), excluding holidays. Contact the UC Retirement Administration Service Center regarding your UC plans: 800-888-8267, Monday – Friday, 7 a.m. to 4:30 p.m., (PT). Service hours have been expanded during the Open Enrollment period.

### UC RETIREMENT ADMINISTRATION SERVICE CENTER FOR HEARING OR SPEECH IMPAIRED

If you are hearing or speech impaired, call 711 and provide the UC Retirement Administration Service Center telephone number, 800-888-8267, to receive assistance.

## CONTACT INFORMATION

### UC RETIREMENT ADMINISTRATION SERVICE CENTER

Extended Open Enrollment hours (Oct. 26–Nov. 17, 2023): Monday through Friday, 7 a.m. to 4:30 p.m. (PT)

### SECURE MESSAGE (EMAIL)

Sign in to your UCRAYS account (retirementatyourucservice.ucop.edu) and select “Messages.”

### VIA BENEFITS

855-359-7381  
my.viabenefits.com/uc  
thegrooveviabenefits.com/medicare-oeop

### OTHER BENEFITS

#### ARAG LEGAL INSURANCE

800-828-1395  
ARAGlegal.com/UCinfo

#### DELTA DENTAL

DeltaCare USA DHMO:  
800-422-4234

Delta Dental PPO:  
800-777-5854  
www1.deltadentalins.com/group-sites/uc.html

#### NATIONWIDE PET INSURANCE

877-738-7874  
petinsurance.com/uc

#### PRUDENTIAL (AD&D)

855-483-1438

#### VISION SERVICE PLAN

866-240-8344  
uc retirees.vspforme.com

## CHANGES AND COSTS FOR 2024

### UC DENTAL PLAN

UC continues to pay the full premium cost for retirees eligible for the full UC contribution. For those not eligible for the full contribution, premiums for the PPO plan will increase by 12% from last year. There are no changes in premium for the HMO plan.

### UC VISION PLAN

There are no benefit enhancements or rate changes for 2024.

#### VISION PLAN MONTHLY COSTS

Retiree	\$11.61
Retiree + Child(ren)	\$22.15
Retiree + Adult	\$21.96
Retiree + Family	\$27.12

### UC LEGAL INSURANCE

Existing coverage will continue for 2024, with no premium change.

#### LEGAL PLAN MONTHLY COSTS

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

## CHANGES AND COSTS FOR 2024

### UC ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

You and your spouse or domestic partner can enroll for coverage at any time.

#### AD&D PLAN ANNUAL COSTS

Coverage Amount	Retiree	Retiree+Spouse/ Domestic Partner
\$10,000	\$11.80	\$17.40
\$25,000	\$29.50	\$43.50
\$50,000	\$59.00	\$87.00
\$100,000	\$118.00	\$174.00
\$250,000*	\$295.00	\$435.00

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

### MEDICARE PLAN CHANGE RULES

Before you choose a plan, it's important to understand the rules for making changes during the Medicare Open Enrollment Period:

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

## THINGS TO CONSIDER

### FAMILY MEMBER ELIGIBILITY VERIFICATION

UC requires all faculty, staff and retirees who enroll new family members in their health and welfare benefit plans to verify their family members' eligibility for coverage.

If you add a family member to your coverage during Open Enrollment, in early 2024 you will receive a packet of materials to complete the verification process. You must respond by the deadline shown on the letter or risk disenrollment of your newly enrolled family members from UC benefits. As part of UC's periodic review process, you may also be contacted for information to confirm the eligibility of your previously verified spouse or domestic partner, grandchildren, step-children and/or legal wards for coverage.

UnifyHR administers the verification program for UC. More information about the verification process is available online at [ucal.us/fmv](http://ucal.us/fmv).

### MEDICARE PART D

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

Every year, Medicare adjusts the maximum Prescription Drug Part D TrOOP (true out-of-pocket threshold).

**New for 2024:** A provision of the Inflation Reduction Act has enhanced coverage for Medicare participants with high prescription costs. Effective Jan. 1, 2024, Medicare participants who reach the catastrophic coverage phase will no longer be responsible for any Part D out-of-pocket drug costs. This change eliminates the need for additional catastrophic drug coverage. That coverage will end on Dec. 31, 2023, for members enrolled with Via Benefits through the Medicare Coordinator program.

## IMPORTANT NOTICES

The summaries in this booklet explain the plans' provisions and the policies and rules that govern them. If a conflict exists between these summaries and the plan documents, the plan documents govern. The Plan Administrator has the authority to interpret disputed provisions.

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

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

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

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

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

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

UC Medicare PPO without Prescription Drugs

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

If you are Medicare-eligible and enrolled in Kaiser Senior Advantage, UC Medicare Choice, UC Medicare PPO, UC High Option Supplement to Medicare, CORE, Kaiser Permanente HMO, UC Blue & Gold HMO, UC Care or UC Health Savings Plan, your prescription drug coverage is expected to pay out as much as the standard

level of coverage set by the federal government under Medicare Part D. This qualifies as creditable coverage under Medicare Part D.

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

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

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

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

### **VIA BENEFITS**

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

## IMPORTANT NOTICES

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

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

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

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

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

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

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

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

### WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A NON-UC COMMERCIALY 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 ([ucnet.universityofcalifornia.edu/forms/pdf/medicare-factsheet.pdf](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](http://www.medicare.gov).

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help, or call 800-MEDICARE (800-633-4227). TTY users should call 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 the Social Security Administration on the web at [socialsecurity.gov](http://socialsecurity.gov), or call 800-772-1213 (TTY 800-325-0778).

### **MORE INFORMATION**

For more information about this notice or your current prescription drug coverage, contact the 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](http://ucnet.universityofcalifornia.edu/compensation-and-benefits/health-plans/medical/medicare).

### **HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996) NOTIFICATION FOR DENTAL AND VISION ELIGIBILITY**

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

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

If you decline enrollment for yourself or for an eligible family member because of coverage under Medicaid (in California, Medi-Cal) or under a state children's health insurance program (CHIP), you may be able to enroll yourself and your eligible family members in a UC-sponsored plan if you or your family members lose eligibility for that coverage. You must request enrollment within 60 days after your coverage or your family members' coverage ends under Medicaid or CHIP.

Also, if you are eligible for coverage from UC but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage. For details, contact the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services at [cms.gov](http://cms.gov) or 877-267-2323.

IF YOU DO NOT ENROLL YOURSELF AND/OR YOUR FAMILY MEMBER(S) IN COVERAGE WITHIN THE 31 DAYS WHEN FIRST ELIGIBLE, WITHIN THE SPECIAL ENROLLMENT PERIOD DESCRIBED ABOVE OR WITHIN AN OPEN ENROLLMENT PERIOD, YOU MAY BE ELIGIBLE TO ENROLL AT A LATER DATE. However, even if eligible, each affected individual will need to complete a waiting period of 90 consecutive calendar days before UC medical coverage becomes effective and employee premiums may need to be paid on an after-tax basis (retiree premiums are always paid after tax). The 90-day waiting period does not apply to those eligible for the Medicare Coordinator Program. Otherwise, you/they can enroll during the next Open Enrollment Period.

To request special enrollment or obtain more information, retirees should call the UC Retirement Administration Service Center (800-888-8267).

\* To be eligible for plan membership, you and your family members must meet all UC employee or retiree enrollment and eligibility requirements. As a condition of coverage, all plan members are subject to eligibility verification by the university and/or insurance carriers, as described in the participation terms and conditions.

## IMPORTANT NOTICES

**Note:** If you are enrolled in a UC medical plan you may be able to change medical plans if you acquire a newly eligible family member or if your eligible family member loses other coverage. In either case, you must request enrollment within 31 days of the occurrence.

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

### 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 2024 include: Delta

Dental PPO, CORE, UC Care, UC Health Savings Plan, UC High Option Supplement to Medicare, UC Medicare PPO and UC Medicare PPO without Prescription Drugs.

A copy of the updated Notice is posted on the UCnet website at [ucal.us/hipaa](http://ucal.us/hipaa) or you may obtain a paper copy of this Notice by calling the UC Healthcare Plan Privacy Officer at 800-888-8267, press 9. The Notice was updated to reflect the current health care plan options effective Jan. 1, 2024.

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 9.

### 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 [hhs.gov/ocr/privacy/hipaa/complaints](http://hhs.gov/ocr/privacy/hipaa/complaints).

**You will not be retaliated against for filing a complaint.**

## **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 [healthcare.gov](https://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 [visitinsurekidsnow.gov](https://visitinsurekidsnow.gov) 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: [dhcs.ca.gov/Pages/myMedi-Cal.aspx](https://dhcs.ca.gov/Pages/myMedi-Cal.aspx) or [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov).

If you live outside of California, see [dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf](https://dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf) for a list of states that currently provide premium assistance. The list is effective as of July 31, 2023, and includes contact information for each state listed. To see if any more states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, you can contact:

### **U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services**

[cms.gov](https://cms.gov)  
877-267-2323

## IMPORTANT NOTICES

### **PARTICIPATION TERMS AND CONDITIONS**

Your Social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity and for legally required reporting purposes all in compliance with federal and state laws.

If you are confirmed as eligible for participation in UC-sponsored plans, you are subject to the following terms and conditions:

### **ARBITRATION**

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

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

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

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

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

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

## TERMS AND CONDITIONS

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

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

## TERMS AND CONDITIONS

UC to provide the health plan with relevant protected health information or authorizing the health plan to release such information to the University representative.

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

By authority of the Regents, University of California Human Resources located in Oakland administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits — particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however the benefits of all employees, retirees and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented

bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact their Human Resources Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

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



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**Human Resources**

P.O. Box 24570  
Oakland, CA 94623-1570

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