



University of California
Human Resources and Benefits
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October 2004

COBRA Continuation Open Enrollment Period

Open Enrollment starts November 1 and ends November 30, 2004

If you elected to continue your University of California medical, dental, and/or vision plans under COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or another UC continuation option—and if you will still be eligible for COBRA continuation coverage on January 1, 2005—you can make the following changes during UC's Open Enrollment.

Note: If your COBRA continuation health coverage will end before January 1, 2005, please disregard this notice. You may be able to convert your medical coverage to an individual policy within 31 days after your COBRA/continuation coverage ends. Please call the medical plan directly for details.

COBRA rates and mailing addresses are enclosed for your information. Individuals who were enrolled in a plan for Medicare enrollees before their COBRA qualifying event should call UC's Customer Service Center for premium amounts for the Medicare plans.

2005 Plan Changes

For eligibility and service area information, please call the carriers (phone numbers are available on UC's At Your Service website).

Medical Plans

The following is a summary of medical plan benefit changes for 2005. If you have questions or need more information, please call your medical plan carrier.

Blue Cross PLUS

- **Generic Select Program:** This program helps members taking certain brand-name medications to switch to a lower priced generic alternative. The first generic prescription copayment (certain prescriptions only) is waived when filled at a retail pharmacy or Precision RX (Blue Cross' mail order pharmacy).
- **United Behavioral Health:** The out-of-network member copayment for mental health outpatient office visits will be 30% with prior notification and 50% without prior notification, limited to 20 visits per year.
- **Certain medical groups** will offer "web visits" with your doctor for non-urgent health questions (\$10.00 copayment per visit). Your doctor will let you know if he/she is participating.
- **Health improvement programs** will be added to assist members with cardiovascular disease, musculoskeletal problems and oncology support services.

Blue Cross PPO

- **The lifetime member maximum** will increase from \$2,000,000 to \$5,000,000 (combined in-network and out-of-network)
- **Generic Select Program:** This program helps members taking certain brand-name medications to switch to a lower priced generic alternative. The first generic prescription copayment (certain prescriptions only) is waived when filled at a participating retail pharmacy or Precision RX (Blue Cross' mail order pharmacy).
- **United Behavioral Health:** The out-of-network member copayment for mental health outpatient office visits will be 40% with prior notification and 50% without prior notification, limited to 20 visits per year.
- **Health improvement programs** will be added to assist members with cardiovascular disease, musculoskeletal problems and oncology support services.

Core (CA & NM)

- Health improvement programs will be added to assist members with cardiovascular disease, musculoskeletal problems, and oncology support services.

Definity Health (available only to UCSB and UCSF employees)

- Personal Care Account (PCA) with unlimited annual rollover will increase in 2005:
 - Employee: Increasing from \$750 to \$950
 - Employee & adult: Increasing from \$1,125 to 1,400
 - Employee & children: Increasing from \$1,125 to \$1,450
 - Family: Increasing from \$1,500 to \$1,900
- An annual incentive of \$50 each for employee and spouse will be added to the PCA for completion of a health risk assessment in the first quarter of each calendar year (before April 1). Not available to new hires (after 1st quarter) or mid-year transfers.
- The \$2 million lifetime maximum will increase to \$5 million in-network, and remain at \$2 million out-of-network, with out-of-network benefits applicable to the in-network maximum.
- In 2005 there will be decreases for in-network out-of-pocket maximums after deductible is met:
 - Employee: Decrease from \$2,750 to \$1,500
 - Employee & adult: Decrease from \$4,125 to \$2,250
 - Employee & children: Decrease from \$4,125 to \$2,250
 - Family: Decrease from \$5,500 to \$3,000
- United Behavioral Health: The out-of-network member copayment for mental health outpatient office visits will be 40% with notification and 60% without notification, limited to 20 visits per year.

Health Net

- A phone-based clinical consultation service provided by licensed counselors to help focus, direct, and support members with behavioral health problems will be added—limited to up to three times per calendar year. Services will continue to be provided by MHN.

Kaiser—California

- Physician office group visits will be charged at 50% of individual office visits.
- The plan will cover only part-time or intermittent alternative home health care, covered as follows:
 - Up to two hours per visit
 - Up to three visits per day
 - Up to 100 visits per calendar

Kaiser Mid-Atlantic

- Inpatient infertility hospitalization services will be covered at 50% of non-member rate; all other inpatient hospitalization remains at \$250 copayment.

Kaiser Umbrella

- This plan is closed to new members; eligible family members can be added for 2005. Benefits vary from plan to plan. Plan members should contact their plan directly for more information.

PacifiCare of California

- Morbid obesity drugs will be covered. Madera County will be added as a service area except for ZIP codes 92809 and 93780.

PacifiCare of Nevada

- No plan changes

Western Health Advantage

- No plan changes

UnitedHealthcare Plans (LANL):

Select EPO

- Acupuncture network is now in place in New Mexico

Options PPO New Mexico

- Acupuncture network is now in place

Options PPO National

- No benefit changes

Options PPO Out-of-Area

- No benefit changes

iPlan

- Acupuncture network is now in place

Dental Plans

Delta Dental Plan

- General anesthesia and/or intravenous sedation will be covered for disabled members who, due to their disability, require sedation in order to receive a covered dental treatment. No copayment required; preauthorization is required.

PMI Dental Plan (CA only)

- Additional dental cleanings (beyond the current two covered cleanings in a 12-month period) will be covered, when necessary; \$35 copayment for a child, and \$45 copayment for an adult.
- Copayment for teeth bleaching will be reduced from \$175 to \$125 per arch

The following enhancements/procedures will also be covered:

- Nutritional counseling for control of dental disease; no copayment required
- Additional diagnostic coverage including several additional x-ray procedures (extraoral films; vertical bite-wings); tests to identify severe or persistent infections (culture and sensitivity tests); and tests to determine tooth decay (caries susceptibility tests); no copayment required.
- Upper and lower partial dentures using a special plastic resin with enhanced elasticity (flexible base); \$115 copayment
- Titanium (a precious metal slightly better than gold) crowns; \$150 copayment
- Re-cementing a cast or prefabricated post and core to re-anchor a crown (no copayment required)
- Additional procedures including impressions and fittings related to construction of a new crown under an existing partial denture framework; \$10 copayment
- General anesthesia and/or intravenous sedation for disabled members who, due to their disability, require sedation in order to receive a covered dental treatment. No copayment required; preauthorization is required.

Vision Plan (VSP)

- No plan changes

Expanded Eligibility in 2005

Plan coverage eligibility will expand in 2005 for two categories of family members:

- Qualified opposite-sex domestic partners and their children or grandchildren—one partner must be age 62 or older and eligible to receive Social Security benefits based on age, and the other partner must be at least age 18.
- Disabled children past age 23 who are not income tax dependents but who meet certain Social Security or SSI qualifications.

Complete eligibility details are available on UC's Open Enrollment website (<http://atyourservice.ucop.edu>) under the Eligibility section.

Before You Change Your Medical Plan

Before you change your medical plan, you may want to check the following information:

- Do you live in the new plan's service area?
- Are your current medical providers in the new plan?
- Does the new plan cover your current medication?

And keep in mind:

- When enrolling in Blue Cross PLUS or in all HMO plans except Kaiser, you must select a primary care physician (PCP) for yourself and for each family member. You may select a different PCP for each family member or the same one for the entire family.
- If you aren't changing medical plans but want to transfer to a different PCP, call the medical plan directly.
- Service areas and prescription drug formularies can change at any time during the year.

How to Make a Change during Open Enrollment

To make changes, please complete the enclosed *COBRA/Continuation Election/Open Enrollment* form (UBEN 102) and mail it directly to the new plan (if you are transferring) or directly to your existing plan (if you are adding eligible family members). The form and your January 2005 premium payment must be received no later than November 30, 2004, by the close of the business day. Please make your check payable to the health plan carrier, not to the University of California.

If you transfer into (or add an eligible family member to) Blue Cross PLUS or an HMO plan (other than Kaiser), you and your eligible family members must select a primary care physician (PCP). You may select a different PCP for each family member or the same PCP for the entire family. On a separate piece of paper, please write the PCP selected next to each family member's name and attach it to the COBRA form. You can call the medical plan directly or see their website for PCP information.

Things to Consider if You Change Medical Plans

- Your new coverage will be effective January 1, 2005.
- If you or a family member is in the hospital on December 31 through January 1, call your new plan and ask them to oversee the transition of care. Your coverage with the new plan will not be delayed.
- You should receive your new medical plan ID card in January 2005.
- You may also receive a "Certificate of Creditable Coverage" from your former medical plan. Under federal law—the Health Insurance Portability and Accountability Act of 1996 (HIPAA)—insurance carriers are required to issue the certificate to members who lose group coverage. Some carriers issue one automatically to anyone who leaves their plan. If you transfer from one plan to another and receive a certificate from your former plan, you can disregard it.

For More Information

The UC HR/Benefits website—<http://atyourservice.ucop.edu>—includes a wealth of information related to Open Enrollment, including:

- The latest news on UC's plans, links to carrier websites, and other useful sites
- UC publications such as the 2005 *Dental Plan Summary* and the *Continuation of Group Insurance Coverage* notice
- Evidence of Coverage and plan booklets for UC-sponsored medical, dental, and vision plans

Insurance carriers can mail plan materials to you. (Be sure to call early to allow sufficient mailing time.) You can also call them with questions about specific plan benefits.

UC's Customer Service Center (1-800-888-8267) can answer your questions about completing the COBRA form or send you benefits publications.

Certificate of Creditable Coverage: When your COBRA coverage ends, you should receive a "Certificate of Creditable Coverage" from your medical plan. Under federal law (HIPAA), insurance carriers are required to issue the certificate to members who lose group coverage. Some carriers issue one automatically to anyone who leaves their plan. The certificate will show how long you were covered under the plan. If you don't receive a certificate, please call the medical plan directly. You may need this certificate in the future.

If you have questions or need a publication or COBRA form, please call UC's Customer Service Center at 1-800-888-8267.

UC HR/Benefits

Enclosures