New Employee Benefits Orientation
<table>
<thead>
<tr>
<th>Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Welcome Folder</td>
</tr>
<tr>
<td>• Eligibility</td>
</tr>
<tr>
<td>• Enrollment</td>
</tr>
<tr>
<td>• Health and Welfare Plans</td>
</tr>
</tbody>
</table>
Benefits Eligibility

» Full Benefits
  » Career employees working 50 percent time or more and a member of the UC Retirement Plan
  » Work sufficient hours in a 12 month period (i.e., 1,000 hours)

» Mid-Level
  » Employees in “limited” appointments; generally hired at 50 percent time or more for a year or more but not a UC Retirement Plan member
Benefits Eligibility continued

› Core
  › At least 43.75% not eligible for full or mid-level

› Per Diem employees
  › Not eligible for health and welfare benefits

› No duplicate UC coverage
  › Applies to all insurance plans
Enrollment
Period of Initial Eligibility (PIE)

- 31 calendar days from:
  - Date of hire/change in appointment
  - Date of birth, marriage, or adoption
  - Involuntary loss of other group coverage

- Some benefits are only available during your PIE
  (requires Statement of Health after 31 days)
  - Supplemental Life/Dependent Life
  - Short-Term and Long-Term Disability
Open Enrollment Period

- Usually held in the fall (*November*), Open Enrollment (OE) is your annual opportunity to make changes to your benefits including:
  - Changing, enrolling in, cancelling, or opting out of UC-sponsored medical, dental, and vision plans
  - Adding or de-enrolling eligible family members
  - Enrolling or re-enrolling in Health and/or Dependent Care FSA
  - Not all plans may be available during OE
  - Changes made during OE are effective on January 1 of the following year
Eligible Family Member

- Legal spouse
- Domestic partner
  - Same sex or opposite sex – opposite sex, must be age 62 or older and eligible to receive Social Security based on age
- Natural or adopted child (under 26)
- Stepchild, grandchild, or step-grandchild (under 26)
- Domestic partner’s child or grandchild (under 26)
- Legal ward (under 18)
- Disabled child (age 26 or older) – must be approved before age 26 or by the carrier during the PIE for newly eligible employees
Imputed Income

- You are subject to imputed income if *your* domestic partner is not your tax dependent or registered with the State of California.

- If you enroll *your* domestic partner and/or partner’s child(ren) or grandchild(ren), the additional UC contribution is subject imputed income.
Qualifying Events

Life events allow you to make a mid-year change to your coverage

The following are considered life events:

- Marriage
- Divorce
- Legal Separation
- Birth
- Establishing or ending a domestic partnership
- Adoption of a child
- Annulment
- Death of an eligible family member

Family members lose eligibility when:

- Child reaches age 26
- Legal ward reaches age 18

You have 31 days from the date of the life event to make any changes
When Coverage Begins

- When will I receive my ID card?
  - Usually within 3 – 4 weeks of online enrollment
  - UPAY 850 Form: 6 – 8 weeks
  - ID cards are necessary for medical plans only
  - No ID cards are necessary for dental and vision plans
- To expedite your UC-sponsored health plan eligibility, please visit: http://hr.ucr.edu/benefits/eligibility.html
Your Responsibility

- Check eligibility requirements before enrolling a family member
- Secova will request documents to verify family member eligibility during annual audit

Failure to provide documentation may lead to de-enrollment of all family members for 12 months.
# How To Enroll

![Sign into My Accounts](http://ucnet.universityofcalifornia.edu/)

## New Employees

<table>
<thead>
<tr>
<th>Username</th>
<th>Rehired and/or Newly Eligible Current Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Security Number (no dashes)</strong></td>
<td><strong>Change in appointment status</strong></td>
</tr>
<tr>
<td>o For example: 123456789</td>
<td>o e.g., Change of BELI Status</td>
</tr>
<tr>
<td><strong>Date of Birth (mmddyyyy)</strong></td>
<td><strong>Use existing Username &amp; Password</strong></td>
</tr>
<tr>
<td>o For example: 01011942</td>
<td></td>
</tr>
</tbody>
</table>
Click on AYS Online to enroll.
Click on New to UC

Usage Tips:
- Best viewed with Microsoft Internet Explorer 8.0, Mozilla Firefox, and Safari for the Mac.
- Chrome is not a supported browser.
- Do not use your browser's Back button.
- For confidentiality, always Log Off and close your browser when you have finished your online session.

Sign In

Username: 
Password: 

→ New to UC and have a temporary password?
→ New User and don't have a password?
→ Forgot your Username or Password?
Enter your Date of Birth as password
Welcome to UCnet

UCnet is a new systemwide website for UC faculty, staff and retirees, providing news, information about benefits and policies and access to a wealth of tools and resources. Learn more about UCnet

Discounts available on UC Online classes

Tuesday, February 18, 2014

Nine new UC Online Education classes will open for enrollment on March 3, and UC faculty, staff and their families are eligible for a 33 percent discount on tuition.

UC Living Well welcomes Optum Wellness Specialists

Wednesday, February 19, 2014

UCPath to launch initially at UCOP by year end

Thursday, February 20, 2014

More News »

Click on New Employee

A New Employee

Jill Bible, graduate researcher at the UC Davis Bodega Marine Lab, spends her days researching Olympia oysters, teaching and drawing inspiration from her fabulous views of the California coast.

Benefits

Having a Baby?

Wondering what you need to do to be sure you're set to leave your job, get benefits coverage for the new bundle of joy, and return to work worry-free? We've got it covered.

NOTICES

Employees can donate to cancer funds on tax forms PDF

UC responds to Moreno Report

University of California, Public Notice Process under HEERA (UC–AFT)
Health & Welfare Plans
UC Health and Welfare Plans

- UC offers:
  - HMO plans (2)
  - PPO plans (3)

- Availability determined by zip code (applies to HMO plans)
Comparing Medical Plans

- **Cost**
  - You and UC pay the premiums for most plans
  - Your medical plan’s monthly cost depends on:
    - The plan you choose
    - Whether you choose to cover only yourself or yourself and other family members
    - Your annual full-time equivalent salary
# Employee Medical Plan Costs

## Full-time salary rate of $53,000 or less

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self</th>
<th>Self + Child(ren)</th>
<th>Self + Adult</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core (PPO)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Health Net Blue &amp; Gold (HMO)</td>
<td>$37.08</td>
<td>$66.74</td>
<td>$135.29</td>
<td>$164.95</td>
</tr>
<tr>
<td>Kaiser Permanente — CA (HMO)</td>
<td>$17.78</td>
<td>$32.00</td>
<td>$38.94</td>
<td>$53.14</td>
</tr>
<tr>
<td>UC Care (PPO)</td>
<td>$88.75</td>
<td>$159.75</td>
<td>$243.81</td>
<td>$314.82</td>
</tr>
<tr>
<td>UC Health Savings Plan (PPO)</td>
<td>$16.93</td>
<td>$30.47</td>
<td>$37.08</td>
<td>$50.60</td>
</tr>
<tr>
<td>Western Health Advantage (HMO)</td>
<td>$17.78</td>
<td>$32.00</td>
<td>$38.94</td>
<td>$53.14</td>
</tr>
</tbody>
</table>

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.

## Full-time salary rate of $53,001 – $104,000

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self</th>
<th>Self + Child(ren)</th>
<th>Self + Adult</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core (PPO)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Health Net Blue &amp; Gold (HMO)</td>
<td>$73.13</td>
<td>$131.63</td>
<td>$217.59</td>
<td>$276.09</td>
</tr>
<tr>
<td>Kaiser Permanente — CA (HMO)</td>
<td>$53.83</td>
<td>$96.89</td>
<td>$121.24</td>
<td>$164.28</td>
</tr>
<tr>
<td>UC Care (PPO)</td>
<td>$124.80</td>
<td>$224.64</td>
<td>$326.11</td>
<td>$425.96</td>
</tr>
<tr>
<td>UC Health Savings Plan (PPO)</td>
<td>$52.98</td>
<td>$95.36</td>
<td>$119.38</td>
<td>$161.74</td>
</tr>
<tr>
<td>Western Health Advantage (HMO)</td>
<td>$53.83</td>
<td>$96.89</td>
<td>$121.24</td>
<td>$164.28</td>
</tr>
</tbody>
</table>

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.
# Employee Medical Plan Costs

## Full-time salary rate of $104,001 – $156,000

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self</th>
<th>Self + Child(ren)</th>
<th>Self + Adult</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core (PPO)</strong></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Health Net Blue &amp; Gold (HMO)</strong></td>
<td>$110.13</td>
<td>$198.23</td>
<td>$291.35</td>
<td>$379.45</td>
</tr>
<tr>
<td><strong>Kaiser Permanente — CA (HMO)</strong></td>
<td>$90.83</td>
<td>$163.49</td>
<td>$195.00</td>
<td>$267.64</td>
</tr>
<tr>
<td><strong>UC Care (PPO)</strong></td>
<td>$161.80</td>
<td>$291.24</td>
<td>$399.87</td>
<td>$529.32</td>
</tr>
<tr>
<td><strong>UC Health Savings Plan (PPO)</strong></td>
<td>$89.98</td>
<td>$161.96</td>
<td>$193.14</td>
<td>$265.10</td>
</tr>
<tr>
<td><strong>Western Health Advantage (HMO)</strong></td>
<td>$90.83</td>
<td>$163.49</td>
<td>$195.00</td>
<td>$267.64</td>
</tr>
</tbody>
</table>

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.

## Full-time salary rate of $156,001

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self</th>
<th>Self + Child(ren)</th>
<th>Self + Adult</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core (PPO)</strong></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Health Net Blue &amp; Gold (HMO)</strong></td>
<td>$148.44</td>
<td>$267.19</td>
<td>$367.77</td>
<td>$486.52</td>
</tr>
<tr>
<td><strong>Kaiser Permanente — CA (HMO)</strong></td>
<td>$129.14</td>
<td>$232.45</td>
<td>$271.42</td>
<td>$374.71</td>
</tr>
<tr>
<td><strong>UC Care (PPO)</strong></td>
<td>$200.11</td>
<td>$360.20</td>
<td>$476.29</td>
<td>$636.39</td>
</tr>
<tr>
<td><strong>UC Health Savings Plan (PPO)</strong></td>
<td>$128.29</td>
<td>$230.92</td>
<td>$269.56</td>
<td>$372.17</td>
</tr>
<tr>
<td><strong>Western Health Advantage (HMO)</strong></td>
<td>$129.14</td>
<td>$232.45</td>
<td>$271.42</td>
<td>$374.71</td>
</tr>
</tbody>
</table>

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.
HMO Plans

- Health Maintenance Organization (HMO)
  - Primary Care Physician (PCP) coordinates all care
  - Availability determined by zip code
  - PCP must be within a 30-mile radius from home/work/school
  - Emergency coverage only outside of state and country
HMO Options

› Health Net Blue & Gold HMO
  › Offers a tailored network of medical groups, doctors and hospitals, but also includes all of UC’s medical centers and medical groups

› Kaiser
  › A closed network, meaning you may only use Kaiser doctors and hospitals
Kaiser Permanente

- No deductible
- Annual out-of-pocket maximum
  - $1,500 per person / $3,000 for family
- Office visits / urgent care
  - $20 copay
  - No charge for preventive care
- Emergency room
  - $75 copay
- Hospital stay
  - $250 copay / admission
- Prescription drugs
  - $5 generic / $25 brand name
- Chiropractic / acupuncture care
  - $15 copay, 24 visits per person/year combined, self-refer to American Specialty
Health Net Blue & Gold

› No deductible

› Annual out-of-pocket maximum
  › $1,000 member / $3,000 family (3 persons or more)

› Office visits / urgent care
  › $20 copay
  › No charge for preventive care

› Emergency room
  › $75 copay

› Hospital stay
  › $250 copay / stay

› Prescription drugs
  › $5 generic / $25 brand name / $40 non-formulary

› Chiropractic / acupuncture care
  › $20 copay, 24 visits per person/year combined, self-refer to American Specialty
## Health Net Blue & Gold, or Kaiser

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower monthly premiums</td>
<td>Must select PCP from the network of medical groups</td>
</tr>
<tr>
<td>Low, predictable copayments</td>
<td>PCP must be within a 30-mile radius from home, work or school</td>
</tr>
<tr>
<td>No deductibles/coinsurance</td>
<td>Must use your medical group’s network of specialists / hospitals / labs</td>
</tr>
<tr>
<td>No annual or lifetime benefit maximums</td>
<td>Emergency coverage only when traveling outside of California and the country</td>
</tr>
</tbody>
</table>
HMO Behavioral Health Benefits

- Benefits provided by Optum (United Behavioral Health)
- Contact Optum directly for a list of behavioral health providers:
  - Phone: (888) 440-8225
  - Website: [http://www.liveandworkwell.com](http://www.liveandworkwell.com)
    - Access code: 11280
- Prior authorization is required for “non-routine” treatments
  - Outpatient therapy sessions longer than 50 minutes
## Behavioral Health Benefits for HMOs

<table>
<thead>
<tr>
<th>Plan</th>
<th>Optum Network Providers</th>
<th>Kaiser Providers</th>
<th>Out-of-network Providers</th>
</tr>
</thead>
</table>
| **Health Net Blue & Gold** | • $20 office copay/visit *(first 3 – no copay)*  
                          | • $250 inpatient/admit                        |                  |                          |
| **Kaiser**            | • $20 office copay/visit *(first 3 – no copay)*  
                          | • $10 group/visit                             | • $10 group/visit |                          |
                          | • $250 inpatient/admit                        | • $20 copay/visit                           |                          |
                          |                                               |                  |                          |
PPO Options

- Core Medical
- UC Care
- UC Health Savings Plan
- Preferred Provider Organization (PPO)

- Coverage for contracting providers is greater than for those with no contract
  - Contracting providers are Preferred Providers
  - When hospitalized make sure surgeon, anesthesiologist, radiologist, etc. are preferred
- Members self-refer to medical providers
## UC Care Coverage

<table>
<thead>
<tr>
<th>Medical/Behavioral Health Calendar-Year Deductible</th>
<th>UC Select</th>
<th>Anthem Preferred</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
</table>
| The deductible is the amount you pay before UC Care begins to share in the cost for covered services. | No deductible | Individual: $250  
Family: $750 | Individual: $500  
Family: $1,500 |
| Medical/Behavioral Health Out-of-Pocket Maximum3 (Combined with pharmacy out-of-pocket expenses) | Individual: $5,100  
Family: $8,700 | Individual: $6,600  
Family: $13,200 | Individual: $8,600  
Family: $19,200 |
| The out-of-pocket maximum is the most you’ll pay for covered health care services in a calendar year. |

### PREVENTIVE HEALTH BENEFITS

| Preventive Health Visits | No charge | No charge, no deductible | 50% after deductible |

### PROFESSIONAL SERVICES

| Physician and Specialist Office Visits  
Outpatient X-ray, Pathology and Lab | $20 copayment | 20% after deductible | 50% after deductible |
| Pregnancy and Maternity Benefits | $20 copayment, initial visit only | 20% after deductible | 50% after deductible |

### HOSPITAL CARE

| Outpatient Surgery in Hospital | $100 per surgery | 20% after deductible | 50% after deductible |
| Outpatient Surgery Performed at an Ambulatory Surgical Center | $100 copayment per visit | 20% after deductible | 50% after deductible |
| Inpatient Non-Emergency Facility Services | $250 per admission | 20% after deductible | 50% after deductible |

### EMERGENCY HEALTH COVERAGE

| ER Facility Services (Not resulting in an admission) | $200 | $200 (Not subject to the deductible) | $200 (Not subject to the deductible) |
| Emergency Room Services (Resulting in admission) | $250 per visit | $250 per visit (Not subject to the deductible) | $250 per visit (Not subject to the deductible) |
| ER Physician Services | No charge | No charge (Not subject to the deductible) | No charge (Not subject to the deductible) |
| Care Outside of California or the U.S. | Not available | Access to providers for emergency and non-emergency care through the BlueCard or BlueCard Worldwide network |
# UC Care Prescription Coverage

<table>
<thead>
<tr>
<th>Pharmacy Calendar-Year Deductible</th>
<th>IN-NETWORK UC Pharmacies &amp; Participating OptumRx Pharmacies</th>
<th>OUT-OF-NETWORK Non-Participating Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>No deductible</td>
<td>Individual: <strong>$5,100</strong></td>
<td>Individual: <strong>$8,600</strong></td>
</tr>
<tr>
<td></td>
<td>Family: <strong>$8,700</strong></td>
<td>Family: <strong>$19,200</strong></td>
</tr>
<tr>
<td><strong>Pharmacy Out-of-Pocket Copayment Maximum (Combined with Medical/Behavioral Health Out-of-Pocket expenses)</strong></td>
<td>The most you’ll pay for covered services in a calendar year.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual: <strong>$5,100</strong></td>
<td>Individual: <strong>$8,600</strong></td>
</tr>
<tr>
<td></td>
<td>Family: <strong>$8,700</strong></td>
<td>Family: <strong>$19,200</strong></td>
</tr>
<tr>
<td><strong>Contraceptive Drugs and Devices</strong></td>
<td>Retail (30-day supply): <strong>$0</strong></td>
<td>Retail (30-day supply): <strong>$0</strong></td>
</tr>
<tr>
<td></td>
<td>Mail Service (up to a 90-day supply): <strong>$0</strong></td>
<td>Mail Service: Not covered</td>
</tr>
<tr>
<td><strong>Formulary Generic Drugs</strong></td>
<td>Retail (30-day supply): <strong>$5</strong></td>
<td>Retail (30-day supply): <strong>50%</strong></td>
</tr>
<tr>
<td></td>
<td>Mail Service (up to a 90-day supply): <strong>$10</strong></td>
<td>Mail Service: Not covered</td>
</tr>
<tr>
<td><strong>Formulary Brand Name Drugs</strong></td>
<td>Retail (30-day supply): <strong>$25</strong></td>
<td>Retail (30-day supply): <strong>50%</strong></td>
</tr>
<tr>
<td></td>
<td>Mail Service (up to a 90-day supply): <strong>$50</strong></td>
<td>Mail Service: Not covered</td>
</tr>
<tr>
<td><strong>Non-Formulary Brand Name Drugs</strong></td>
<td>Retail (30-day supply): <strong>$40</strong></td>
<td>Retail (30-day supply): <strong>50%</strong></td>
</tr>
<tr>
<td></td>
<td>Mail Service (up to a 90-day supply): <strong>$80</strong></td>
<td>Mail Service: Not covered</td>
</tr>
<tr>
<td><strong>Specialty Drugs</strong></td>
<td>BriovaRx and select UC Pharmacies (30-day supply): <strong>30%</strong> (up to <strong>$150</strong> maximum per prescription)</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Smoking Cessation—Over-the-Counter and Prescription Drugs (Prescription required)</strong></td>
<td>Retail (30-day supply): <strong>No charge</strong></td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Diabetic Supplies (Excluding syringes, needles, and non-formulary test strips)</strong></td>
<td>Retail (30-day supply): <strong>No charge</strong></td>
<td>Not covered</td>
</tr>
</tbody>
</table>
UC Care

Advantages

› No need to designate PCP or stay within medical group
› Care can be received anywhere, mostly without referrals or authorizations
› Large, national preferred provider network
› World-wide coverage

Disadvantages

› More expensive to use than HMOs; members must keep track of medical bills
› Prior authorization required for imaging, inpatient services, durable medical equipment, transplants, etc.
UC Health Savings Plan

- Low premium, high deductible PPO with a HSA (Health Savings Account)
- Pay for medical expenses with HSA “smart card”
- HSA partially funded by UC
- UC contributes toward the HSA
  - $500 for employee
  - $1,000 for employee + dependents
- HSA has triple tax advantage:
  - Pay no taxes on contributions/earnings/withdrawals for health care expenses
  - There is no “use it or lose it” policy like Health FSA
## UC Health Savings Plan Coverage

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Annual Deductible</strong></td>
<td>$1,300 individual / $2,600 family</td>
<td>$2,500 individual / $5,000 family</td>
</tr>
<tr>
<td><strong>2. Coinsurance</strong></td>
<td>20%</td>
<td>40% + balance</td>
</tr>
<tr>
<td><strong>3. Annual Out-of-Pocket Limit</strong></td>
<td>$4,000 individual / $6,400 family</td>
<td>$8,000 individual / $16,000 family</td>
</tr>
</tbody>
</table>
# UC Health Savings Plan

## Prescription Coverage

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Member Coinurance (after calendar-year deductible is met)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UC &amp; Participating Pharmacies</td>
</tr>
<tr>
<td>Calendar-year drug deductible</td>
<td>Prescription drug coverage benefits are subject to and accrue toward the medical plan Deductible and Out of Pocket Maximum</td>
</tr>
<tr>
<td>Calendar-year drug out-of-pocket maximum</td>
<td>UC Pharmacies &amp; Participating Pharmacies</td>
</tr>
</tbody>
</table>

### Prescription Drug Coverage

<table>
<thead>
<tr>
<th>Prescription Drug Coverage</th>
<th>UC Pharmacies &amp; Participating Pharmacies</th>
<th>Non-Participating Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Pharmacy Prescriptions (up to 30-day supply after deductible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive Drugs and Devices</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Formulary Generic Drugs</td>
<td>20% per prescription</td>
<td>40% per prescription</td>
</tr>
<tr>
<td>Formulary Brand Name Drugs</td>
<td>20% per prescription</td>
<td>40% per prescription</td>
</tr>
<tr>
<td>Non-Formulary Brand Name Drugs</td>
<td>20% per prescription</td>
<td>40% per prescription</td>
</tr>
</tbody>
</table>

### UC Pharmacies and specific Retail Pharmacies (up to a 30-90 day supply)

<table>
<thead>
<tr>
<th>UC Pharmacies and specific Retail Pharmacies</th>
<th>UC Pharmacies &amp; Participating Pharmacies</th>
<th>Non-Participating Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive Drugs and Devices</td>
<td>$0.00</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Formulary Generic Drugs</td>
<td>20% per prescription</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Formulary Brand Name Drugs</td>
<td>20% per prescription</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Non-Formulary Brand Name Drugs</td>
<td>20% per prescription</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

### Home Delivery Program (up to a 90-day supply only through OptumRx Home Delivery Pharmacy)

<table>
<thead>
<tr>
<th>Home Delivery Program (up to a 90-day supply only through OptumRx Home Delivery Pharmacy)</th>
<th>UC Pharmacies &amp; Participating Pharmacies</th>
<th>Non-Participating Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive Drugs and Devices</td>
<td>$0.00</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Formulary Generic Drugs</td>
<td>20% per prescription</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Formulary Brand Name Drugs</td>
<td>20% per prescription</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Non-Formulary Brand Name Drugs</td>
<td>20% per prescription</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

### Other

<table>
<thead>
<tr>
<th>Other</th>
<th>UC Pharmacies &amp; Participating Pharmacies</th>
<th>Non-Participating Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>BriovaRx Specialty Pharmacy and Select UC Pharmacies (up to a 30-day supply)</td>
<td>20% (Up to $200 copayment maximum)</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

### Smoking Cessation Products

<table>
<thead>
<tr>
<th>Smoking Cessation Products</th>
<th>UC Pharmacies &amp; Participating Pharmacies</th>
<th>Non-Participating Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-the-Counter Drugs (requires prescription) Prescription Drugs</td>
<td>$0.00</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

### Diabetic Supplies (excluding syringes, needles, insulin and non-formulary test strips)

<table>
<thead>
<tr>
<th>Diabetic Supplies (excluding syringes, needles, insulin and non-formulary test strips)</th>
<th>UC Pharmacies &amp; Participating Pharmacies</th>
<th>Non-Participating Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>Not Covered</td>
<td></td>
</tr>
</tbody>
</table>
UC Health Savings Plan

Advantages

- Lower monthly premiums
- Tax advantaged HSA funded by UC
- Members can contribute additional pretax amounts
- Unused HSA dollars roll to next year; can be used as retirement money at age 65

Disadvantages

- Disqualifying circumstances:
  - Incompatible with Health FSA
  - Consult with a financial advisor before choosing this plan
Core Medical – Fee for Service

- Premium paid in full by UC
- Custom plan for UC
- No cost for preventative care
- You pay full cost until you reach the $3,000 annual deductible per individual, then you pay 20%
- Your cost for prescription drugs is 20%
- Drug expenses apply toward your annual deductible/out-of-pocket limit
# Behavioral Health Benefits for PPOs

<table>
<thead>
<tr>
<th>Plan</th>
<th>Anthem Blue Cross</th>
<th>Out-of-network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>• 20% after deductible</td>
<td>• 20% after deductible</td>
</tr>
<tr>
<td>UC Care</td>
<td>• Doctor Office Visit: Visit 1-3 no charge; 4+ $20 copay/visit</td>
<td>• 50% after deductible</td>
</tr>
<tr>
<td></td>
<td>• Facility Visit: Outpatient - $20 copay/visit Inpatient - $250/admit</td>
<td></td>
</tr>
<tr>
<td>UC Health Savings Plan</td>
<td>• 20% after deductible</td>
<td>• 40% after deductible</td>
</tr>
</tbody>
</table>
Dental Insurance Plans

Premium paid in full by UC – choice of two plans:

**Delta Dental PPO**
- Worldwide coverage
- Preventative dentistry covered at 100%
- Basic dentistry covered at 75-80%
- Plan pays up to:
  - PPO Dentists: $1,700 per person/calendar year
  - Non-PPO Dentists: $1,500 per person/calendar year

**DeltaCare USA (HMO)**
- Must use DeltaCare HMO dental group/dentist
- No annual maximum
- Preventative dentistry covered 100%
- Copayments apply for basic dentistry
- You must live in California to enroll
Vision Service Plan (VSP)

- Premium paid in full by UC
- Covers routine vision care
  - Exam every year
  - Frames every other calendar year ($130 allowance)
  - Lenses every year
  - Contacts (instead of glasses) every calendar year
- Select VSP doctor for lower costs
- Limited reimbursements for non-VSP doctors
Other Insurance Benefits

- Disability
- Life
- Accidental Death and Dismemberment
- Legal
- Flexible Spending Accounts
Liberty Mutual – Basic Disability Plan

- Basic Disability Plan
  - UC Paid
  - Provides 55% of your eligible monthly earnings up to $800 per month, for up to 6 months
  - Disability payments are generally taxable
  - Disability payments begin after 14 day waiting period
Liberty Mutual – Short Term Disability Plan

Voluntary Short-Term Disability (VSTD)

- Employee Paid
- Provides 60% of your eligible monthly earnings up to $15,000 per month, for up to 6 months
- Disability payments are generally not taxable since premiums are paid with after-tax dollars
- Disability payments begin after 14 day waiting period
Liberty Mutual – Long Term Disability Plan

- Voluntary Long-Term Disability (VLTD)
  - Employee Paid
  - Provides 60% of your eligible monthly earnings up to $15,000 per month
  - Disability payments are generally not taxable since premiums are paid with after-tax dollars
  - Disability payments begin after 6 months, until your social security normal retirement age
Additional Information

- Basic Disability and Voluntary Short-Term Disability - Disability payments will begin at the end of the 14 day waiting period or after you use 22 days of available sick leave, whichever is later.
- Choosing both short-term and long-term coverage provides the most comprehensive protection.
Premium Estimator for 2017 Disability Insurance

Date of Birth (mm/dd/yyyy) 

Were you hired on or after July 1, 2013 OR are you in a position that is not eligible for the UC Retirement Plan? 

- Yes  
- No 

Full-Time Annual Eligible Earnings 

Enter your annual eligible earnings, based on your percentage appointment. (For example, if you have a 50 percent FTE appointment with an annual salary of $80,000, your annual eligible earnings would be $40,000.) 

Eligible earnings do not include pay such as stipends, shift differentials, overtime, agreement payments, compensation for extension teaching, summer salary (academics only), etc.
Premium Estimator for 2017 Disability Insurance

<table>
<thead>
<tr>
<th>DOB</th>
<th>Age</th>
<th>Annual Eligible Earnings</th>
<th>Monthly Eligible Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/1980</td>
<td>36</td>
<td>$50,000</td>
<td>$4,167</td>
</tr>
</tbody>
</table>

Estimated monthly disability insurance premiums
Premium estimates are not actual payroll deductions; these figures are estimates only.

<table>
<thead>
<tr>
<th>Voluntary Short-Term Disability</th>
<th>Voluntary Long-Term Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of Benefits</td>
<td>Duration of Benefits</td>
</tr>
<tr>
<td>6 months (after a 14-day waiting period)*</td>
<td>Up to Social Security normal retirement age** (after 6 months)</td>
</tr>
<tr>
<td>Estimated Premium</td>
<td>Estimated Premium</td>
</tr>
<tr>
<td>$15</td>
<td>$8</td>
</tr>
</tbody>
</table>

* Must use up to 22 days of sick leave, if available
** Depending on the nature of the disability
Life Insurance

› Basic Life Insurance
  › UC Paid
  › Coverage equal to one times actual annual base salary up to $50,000
  › Mid-level and Core Benefits offers a flat $5,000 policy

› Supplemental Life
  › Employee paid
  › Premium based on age and full-time annual salary
  › There are several coverage levels to choose from:
    › Flat amount of $20,000
    › 1, 2, 3, or 4 times your full-time annual base salary (up to $1 million)
Life Insurance continued

- Dependent Life Insurance
  - Employee paid
  - Basic Dependent Life
    - $5,000 each for spouse or domestic partner and eligible children
  - Expanded Dependent Life
    - Spouse or domestic partner covered at 50% of Supplemental Life up to $200,000 maximum
    - Eligible children covered at $10,000 each

- Remember to designate beneficiaries
- Enroll in supplemental and/or dependent life during PIE (requires Statement of Health outside PIE)
Accidental Death & Dismemberment

- AD&D Benefits
  - Employee Paid
  - Coverage levels from $10,000 to $500,000
  - There are three levels of coverage:
    - Employee-only
    - Family (spouse or domestic partner and children)
    - Modified family (employee and children)

- Coverage is effective the day you enroll
- You can enroll, change, or cancel at any time
- Your cost depends on the level of coverage and coverage amount you choose
ARAG Legal Plan

- Employee Paid
- Coverage includes:
  - Telephone legal advice
  - Document preparation
  - Document review
  - Standard wills
  - Major trial representation, up to and including four days
  - Reduced fees for non-covered matters
  - Expanded identity theft protection
- Must enroll during your PIE
- Your monthly cost depends on whether you choose individual or family coverage
- You can cancel at any time
- If you cancel, you cannot re-enroll until Open Enrollment (if available)
Health Flexible Spending Account

› Health FSA Benefits
  › Annual minimum contribution – $180 to a maximum of $2,550
  › Pay for eligible health care expenses (medical, dental, vision) on a pretax basis
  › Carryover up to $500 from unused 2017 funds
  › Over the counter medications require the following:
    › Prescription from your physician
    › Itemized cash register receipt with name of medication and purchase date
    › Must submit paper claim
    › Spending account card will not work for over the counter drugs
  › Not covered: premiums and elective services like cosmetic surgery
Dependent Care Flexible Spending Account

- Dependent Care FSA
  - Annual minimum contribution is $180 to a maximum of $5,000 ($2,500 if you are married filing a separate income tax return)
  - Pay for eligible expenses of child care or adult dependent care
  - Eligible expenses must be for the following eligible family members:
    - Child under age 13 whom you claim as a dependent
    - Legal spouse who is physically or mentally incapable of self-care
    - Tax dependent living with you and is physically or mentally incapable of self-care
## Dependent Care FSA

**Plan start date**
- Dec. 31
- Mar. 15
- April 15

**Plan year + grace period**
- 1 month claim period

- Expenses must be incurred during the plan year + grace period
- You must re-enroll during open enrollment to participate in the following year
- Deadline to submit claims to CONEXIS is April 15, 2018
- Estimate carefully – “Use it or lose it”
Bright Horizon Care Advantage

- UC pays the fee that provides you access to the Bright Horizon Care Advantage website which includes a network of prescreened providers
  - Sittercity – provides reviews and background check information for in-home caregivers including babysitters, full and part time nannies, and housekeepers
  - Years Ahead – provides a network of senior care providers including certified senior care advisors, specialized facilities including memory or hospice care
  - Bright Horizon - Preferred enrollment at participating Bright Horizons child care centers
  - BrightStudy tutoring and test prep resources and referrals
  - http://www.careadvantage.com/universityofcalifornia
Health & Welfare Plan Reminders

Reminders:
- Enroll during PIE (31 days)
- Research plans and doctors
- Gather all required documentation for enrollment and verification process

Things to sign up for during PIE:
- Medical, dental, vision
- Short-term and Long-term disability
- Supplemental and dependent life insurance
- Health and Dependent Care FSA
- Legal

After you enroll
- Check your earnings statement on AYSO
- Make sure enrollments and deductions are correct
Benefits Office Contacts

- Tina Rodriguez, Benefits Lead
- Veronica Luna, Health Care Facilitator
- Alisha French, Senior Benefits Analyst

Office Hours | Contact

- Monday – Friday | 8:00 a.m. – 5:00 p.m.
- Phone: (951) 827-4766
- Email: benefits@ucr.edu