UC Retiree Medical Plans

—Presented by Guerren Solbach—

UC DAVIS
HEALTH CARE FACILITATOR PROGRAM
—Agenda—

◆ Your Options
◆ Making Changes
◆ Medicare and UC
◆ Plan Overviews
◆ Conclusion
—Your Options—
—Your options—

◆ UC offers a menu of medical plan options
  ◇ HMO plans
  ◇ PPO plans
◆ Availability determined by zip code
  ◇ Medical Plan Chooser
  ◇ ucnet.universityofcalifornia.edu
—UC medical plans—

◆ HMOs

◇ Health Net Blue & Gold/Seniority Plus
◇ Kaiser Permanente/Senior Advantage
◇ Western Health Advantage

◆ PPOs

◇ Core Medical
◇ UC Care PPO
◇ Blue Shield Medicare PPO
◇ High Option
—Medical plan premiums—

◆ 100% of UC contribution: see rate chart
◆ Graduated Eligibility:
  ◦ Log on to At Your Service Online (password)
  ◦ Or, use Medical Plan Chooser (no password) at ucnet.universityofcalifornia.edu
  ◦ Or, call Customer Service at 1-800-888-UCOP
◆ % of UC contribution is printed on address label

85
IMA RETIREE
1 SHIELDS AVE
DAVIS CA 95616-9999
Medical plan premiums

- Retirees age 65+ not eligible for Medicare
  - Rates linked to employee rates

- Medicare Part B reimbursement
  - Will you have a net premium to pay?
About UC medical plans

- Preventive care generally provided at no cost
- Medical benefits often separate from Mental Health benefits and Pharmacy benefits
- For details, see Plan Booklets (Evidence of Coverage)
  - http://ucnet.universityofcalifornia.edu
—Making Changes—
—Making changes—

◆ Open Enrollment
  ◇ Changes effective January 1, 2016
◆ Move outside plan service area
◆ Adding newly eligible family member
◆ No pre-existing conditions exclusions
—Open Enrollment for 2016—

◆ Changes made online: ucnet.universityofcalifornia.edu

◆ No online access? Locked out of the website? Call the Retirement Administration Service Center at 1-800-888-UCOP

◆ Additional paperwork required if Medicare-eligible

◆ Remember to get a Confirmation Number
If you like what you have...do nothing

This includes WHA members who will be 65 next year
—Medicare and UC—
Medicare and UC

Medicare is the federal health insurance program for those over 65 and some disabled

- **Part A:** Hospital insurance
  - Premium-free for most

- **Part B:** Medical insurance
  - $104.90/month in 2015 (?? In 2016)
  - Costs more if MAGI >$85K/year ($170K for couples)
—UC’s Medicare requirements—

◆ Retirees and their family members must enroll in Medicare Part B:
  ◊ If they are enrolled in medical insurance
  ◊ If they are eligible for Part A free of charge
  ◊ Failure to comply may result in the loss of UC-sponsored medical coverage
  ◊ Exceptions:
    ◆ Retirees who reside outside of the U.S.
    ◆ Those who retired prior to July 1, 1991
—Medicare and HMOs—

◆ Medicare Advantage plans
  ◊ If you have Medicare A & B, and you are enrolled in an HMO, you must sign over your Medicare benefits to the HMO (by form)

◆ Medicare pays a flat monthly fee to the insurance company

◆ Medicare cannot be used separately from the Medicare Advantage plan
—Medicare and Blue Shield of CA—

1. Medicare primary
2. Blue Shield plans are secondary

◆ Medicare-certified providers must be used

◊ ~96% of U.S. physicians participate in Medicare
◊ Ask if accepting new Medicare patients
◊ Providers that do not accept “assignment” can charge up to 15% more
—Medicare Part D—

◆ Subsidizes medical plan premiums

◆ UC Part D plans: no “doughnut hole”

◆ **Form** required if choosing a new plan
More on Part D—

◆ Duplicate Part D coverage not allowed

◆ Enrollment in a non-UC Part D plan may result in loss of coverage

◊ Exception: Blue Shield Medicare PPO without Rx
—Mixed Medicare families—

<table>
<thead>
<tr>
<th>Non-Medicare family members</th>
<th>Family members with Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Medical</td>
<td>Blue Shield Medicare PPO</td>
</tr>
<tr>
<td>Health Net Blue &amp; Gold HMO</td>
<td>Health Net Seniority Plus</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>Kaiser Permanente Senior Advantage</td>
</tr>
<tr>
<td>UC Care PPO</td>
<td>Blue Shield Medicare PPO</td>
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</table>
—Medicare retirees outside CA—

One Exchange™

◆ Formerly Extend Health

◇ Medicare Exchange

◇ Sells local Medicare supplement plans inside U.S.A.

◆ All covered family members must have Medicare

◆ Does not affect Dental/Vision/Legal coverage
UC provides premium support

- Health Reimbursement Account (HRA)
- $3,000 per covered person
  - Subject to graduated eligibility

Use HRA money to buy Medi-Gap or Medicare Advantage plans, pay for Medicare Parts B/D

Catastrophic Coverage Special Payments
HMO Plan Overview
About HMOs

- The insurance company prepays a monthly, per capita rate (capitation) to each Medical Group
  - Your Primary Medical Group is responsible for your care for that month

- You choose a Primary Care Physician (PCP) who acts as your gatekeeper to care through the Medical Group
  - Exception: emergencies covered anywhere; call 911 or go to the nearest hospital. Let PCP know ASAP.
  - PCP must be within 30 miles of home
  - To change PCPs, call plan
—HMO coverage: Copayments—

- Physician office visit: $20
- ER: $75 (Medicare: $65)
  ◊ Emergencies covered worldwide
- Outpatient surgery: $100
- Inpatient hospitalization: $250
- Behavioral health outpatient: $20
- Behavioral health inpatient: $250
UC has “carved out” behavioral services for most of our non-Medicare plans to Optum (United Behavioral Health)

Separate behavioral health plan manages care

Call Optum directly for mental health/substance abuse treatment

First 3 outpatient visits free
—HMO behavioral health—

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Behavioral Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Net Blue &amp; Gold</td>
<td>Optum</td>
</tr>
<tr>
<td>Health Net Seniority Plus</td>
<td>Managed Health Network</td>
</tr>
<tr>
<td></td>
<td>Exception: Sutter medical groups</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>Go through PCP and/or</td>
</tr>
<tr>
<td></td>
<td>Optum</td>
</tr>
<tr>
<td>Kaiser Senior Advantage</td>
<td>Go through PCP</td>
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<tr>
<td>Western Health Advantage</td>
<td>Optum</td>
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## Non-Medicare HMO RX

<table>
<thead>
<tr>
<th>Tier</th>
<th>Health Net Blue &amp; Gold</th>
<th>Kaiser Permanente</th>
<th>WHA</th>
</tr>
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<tbody>
<tr>
<td><strong>Tier 1</strong></td>
<td>$5</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td>(generic, formulary)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tier 2</strong></td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>(brand name, formulary)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tier 3</strong></td>
<td>$40</td>
<td>Not covered</td>
<td>$40</td>
</tr>
<tr>
<td>(non-formulary)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some meds require prior authorization
—HMO $Rx$, 90-day supplies for 2 copays—

- UC pharmacies
  - Does not apply to Kaiser

- Mail-order
  - Kaiser: 100-day supply

- Some local retail pharmacies
  - Health Net Blue & Gold: CVS
  - WHA: Costco, CVS, Walgreens, and others
--- HMO copayment maximums ---

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<th>Health Net Blue &amp; Gold</th>
<th>Kaiser Permanente*</th>
<th>WHA</th>
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<tr>
<td>Out-of-pocket maximum</td>
<td>$1,000/person</td>
<td>$1,500/person</td>
<td>$1,000/person</td>
</tr>
<tr>
<td></td>
<td>$3,000/family</td>
<td>$3,000/family</td>
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</tr>
</tbody>
</table>

* Kaiser maximum does not include Optum copayments
—HMO \( R_x \): Medicare Part D—

<table>
<thead>
<tr>
<th>( R_x ) 30-day supplies</th>
<th>Health Net Seniority Plus</th>
<th>Kaiser Senior Advantage</th>
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</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong> (generic, formulary)</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td><strong>Tier 2</strong> (brand name, formulary)</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Tier 3</strong> (non-formulary)</td>
<td>$40</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Tier 4 or 5</strong> (specialty/self-injectable)</td>
<td>25% $25</td>
<td>N/A</td>
</tr>
<tr>
<td>( R_x ) Out-of-Pocket Limit</td>
<td>$2,000</td>
<td>$4,850</td>
</tr>
</tbody>
</table>
—HMO Rx: Part D 90-day supplies—

◆ Retail pharmacies: 3 copayments
◆ UC pharmacies: 2 copayments
  ◊ Does not apply to Kaiser
◆ Mail order: 2 copayments
  ◊ Kaiser: 100-day supplies
—Medicare HMO copay limits—

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<tr>
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<th>Out-of-pocket maximum*</th>
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<tr>
<td></td>
<td>Includes medical &amp; mental health</td>
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<tr>
<td>Health Net Seniority Plus</td>
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<td>$1,500/person</td>
</tr>
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<td></td>
<td>$3,000/family</td>
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</tbody>
</table>

* Maximums do not include Rx copayments
—Health Net Blue & Gold/Seniority Plus—

◆ Large provider network

◆ Available in most of urban California

◆ Hearing aids: 2 aids every 36 months; $2,000 benefit max

◆ WellRewards discount programs
Disease Management programs

Decision Power:

- Track your health issues/knowledge base
- Health coach (nurse, respiratory therapist, dietician)
- 24-hour nurse line, case managers

Allergy shots: $20
—Health Net Blue & Gold/Seniority Plus—

◆ Telemedicine consults 24/7 through MDLive
  ◊ No copay virtual urgent care visit; less than 1 hour wait
◆ New for Quit for Life program: Smoking cessation phone based behavioral coaching
◆ Pharmacy Benefit Manager: CVS/Caremark
◆ Be sure to specify a PCP when choosing either plan
—Health Net Blue & Gold vs. Seniority Plus—

Health Net Blue & Gold

◆ Does not offer local Sutter groups
◆ $75 ER copay
◆ $1,000 per person Out of Pocket Limit for medical, mental health and Rx
◆ 90-day supplies @ local CVS pharmacies

Seniority Plus

◆ Does offer Sutter groups
◆ $65 ER copay
◆ $1,500 per person OOP Limit for medical & mental health
◆ $2,000 Rx OOP Limit
◆ Rx specialty/self-injectables: 25% coinsurance
—Health Net Blue & Gold vs. Seniority Plus—

Health Net Blue & Gold

- Acupuncture/ chiropractic 24 visit limit
- Optum

Seniority Plus

- Chiropractic (20 visit limit)
- Eye glasses: $100 frame allowance; lenses covered in full; every 24 months
- SilverSneakers fitness clubs
- Mental health: MHN or Sutter
Kaiser Permanente/Senior Advantage

- Kaiser Foundation Health Plan contracts with one large group, the Permanente Medical Group
- Available in most of urban California
- Advanced electronic medical records, online tools
- Clinics tend to offer pharmacies, imaging, laboratories, urgent care all at one location
Classes, pamphlets, videos on a wide variety of health topics

Disease Management programs

Rx: 30-/60-/100-day supplies at 1x/2x/3x copays

Must use Kaiser pharmacies

Mail order: 100-day supply for 2x copays
—Kaiser Permanente vs. Senior Advantage—

Kaiser Permanente

◆ $1,500 Out of Pocket Limit includes Rx
◆ Hearing aids: $1,000 allowance per aid per ear, every 36 months
◆ Allergy shots: $5
◆ + Optum
◆ Acupuncture/chiropractic 24 visit limit

Senior Advantage

◆ Rx Out of Pocket Limit: $4,850
◆ Hearing aids: $2,500 allowance per aid per ear, every 36 months
◆ $150 allowance for eye glass frames and lenses every 24 months
◆ Chiropractic
◆ Allergy shots: $3
—Western Health Advantage—

- Local health plan, only available in a limited number of counties
- Owned in part by UC Davis Health System, Mercy and NorthBay hospitals
- Advantage Referral Program
- Travel insurance: Assist America
More about WHA

- Pharmacy Benefit Manager: Express Scripts
  - Rx 90-day supplies @ local UC Davis, Costco, CVS, Walgreens, and other pharmacies for 2 copayments
- Allergy shots: $5
- Chiropractic/acupuncture: $20 (self-refer to Landmark providers)
  - 24 visits/person/year combined
- Discounts on gym memberships
- Be sure to specify a PCP when choosing this plan
—Blue Shield Plans—
Large Preferred Provider network:

- In California: 70,000+ Blue Shield network providers including 370+ network hospitals
- More than 97% of hospitals and 92% of physicians across the country are Blue Cross/Blue Shield (BlueCard) providers

UC-dedicated customer service
◆ Discount access to health & wellness
◆ Disease Management programs
◆ Variety of online tools & mobile website
  ◇ Treatment/Rx cost estimator
◆ Pharmacy Benefit Manager: Blue Shield
  ◇ Mail order service called PrimeMail
—Core Medical—
—Core Medical—

◆ Custom PPO for UC

◆ Family members with Medicare will have Blue Shield Medicare PPO

◆ No cost preventive care

◆ For everything else: “Catastrophic” coverage
Core coverage

Blue Shield Preferred Providers

1. $3,000 deductible
   - Per person per year
2. 20% coinsurance
3. $6,350 Out-of-Pocket Limit
   - Per person, per year
   - $12,700 per family

Out-of-network providers

1. $3,000 deductible
   - Per person, per year
2. 20% coinsurance
3. $6,350 Out-of-Pocket Limit
   - Per person, per year
   - $12,700 per family

◊ Balance billing
<table>
<thead>
<tr>
<th><strong>Self Only Coverage</strong></th>
<th><strong>Preferred Providers</strong></th>
<th><strong>Out-of-Network Providers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Deductible</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>2: Coinsurance</td>
<td>20%</td>
<td>20% + balance</td>
</tr>
<tr>
<td>3: Out-of-Pocket Limit</td>
<td>$6,350</td>
<td>$6,350 + balance</td>
</tr>
</tbody>
</table>
—Core $R_x$—

- No flat copays; covered like medical
- Drug expenses apply toward your deductible/OOP Limit
Core mental health

- Behavioral health covered the same way medical and pharmacy are covered
  - Coverage not “carved out”
Advantages of Core 😊

- No monthly premium
- No PCP, self-refer to specialists
- Large, national preferred provider network
- Out-of-Network/world-wide coverage
- Teladoc 24/7 telemedicine
  - $40 before deductible; then 20%
— Limits of Core 😞 —

- **High** deductible per person & per family
- **High** OOP Limit per person & per family
- No coverage for hearing aids
- Out-of-network coverage severely limited
  - Outpatient surgery @ surgery center: 80% of $350
  - Hospital: 80% of $600/day
- Chiropractic/acupuncture 24 visit limit
- **Preauthorization** required for imaging, inpatient services, in-office injections, bariatric surgery, transplants & more
- **Core**: Family members w/ Medicare—

- **Partner plan**: Blue Shield Medicare PPO

- Retirees who enroll in Core won’t see “Blue Shield Medicare PPO” as an option on At Your Service Online
—UC Care PPO—
Custom plan for UC

Like a standard PPO, but offers access to a special UC Select provider network for low copays
— UC Care PPO coverage —

**Blue Shield Preferred Providers**

1. **$250 deductible**
   - Per person per year
   - $750 for 3 or more
2. 20% coinsurance
3. **$3,000 Out-of-Pocket Limit**
   - Per person, per year
   - $9,000 for 3 or more

**Out-of-Network providers**

1. **$500 deductible**
   - Per person, per year
   - $1,500 for 3 or more
2. 50% coinsurance
3. **$5,000 Out-of-Pocket Limit**
   - Per person, per year
   - $15,000 for 3 or more

◊ **Balance billing**
—UC Care PPO: UC Select providers—

- All UC medical centers and select other providers located near UC campuses (CA only)
- Certain services for flat copayments:
  - Physician office visit: $20
  - ER (not just UC Select), ambulance: $200
  - Outpatient surgery: $100
  - Inpatient hospitalization: $250
  - Teladoc 24/7 telemedicine: $20

Multiple copays can apply per service
## UC Care PPO coverage

<table>
<thead>
<tr>
<th>Self only coverage</th>
<th>UC Select</th>
<th>Preferred Providers</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Deductible</td>
<td>None</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td>2: Coinsurance</td>
<td>Flat copayments</td>
<td>20%</td>
<td>50% + balance</td>
</tr>
<tr>
<td>3: Out-of-Pocket Limit</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$5,000 + balance</td>
</tr>
</tbody>
</table>
1. **Generic:** $5/30-day supply
2. **Brand name:** $25/30-day supply
3. **Non-formulary:** $40/30-day supply
   - 90-day supplies for 2 copays:
     - UC pharmacies
     - Costco, Safeway, Walgreens, and others
     - Mail Order through PrimeMail
4. **Specialty Rx:** 30% up to $150/script
   - Rx out-of-pocket maximum:
     - $3,600/person or $4,200 per family
Coverage “carved out” to Optum (United Behavioral Health)

- Call Optum directly for service
- www.liveandworkwell.com
  - Provider search: use Access Code 11280
- Optum providers covered similar to “UC Select”

- Outpatient visits 1-3, no copay; additional visits $20
- Prior authorization required for “non-routine” treatments
  - Outpatient therapy sessions longer than 50 minutes
Advantages of UC Care PPO 😊

- Care from UC Select providers for low copays
- No PCP, self-refer to medical providers
- Large, national preferred provider network
- Out-of-network/world-wide coverage
—Limits of UC Care PPO 😞—

◆ Many services not available at UC Select level of coverage
◆ UC Select tier: Multiple copayments can apply per service
◆ Acupuncture/chiropractic limited to 24 visits combined
◆ Out-of-network coverage severely limited
  ◇ Outpatient surgery @ surgery center: 50% of $350
  ◇ Hospital: 50% of $600/day
◆ Preauthorization required for imaging, inpatient services, in-office injections, bariatric surgery, transplants & more
◆ Specialty drugs have especially high copays
—UC Care PPO: Family w/ Medicare—

◆ Partner plan: Blue Shield Medicare PPO

◆ Retirees who enroll in UC Care PPO won’t see “Blue Shield Medicare PPO” as an option on At Your Service Online
—Blue Shield Medicare PPO—
About Blue Shield Medicare PPO

- Medicare pays first for covered services
- Blue Shield pays second
- You pay the balance
  - ~4% if covered by Medicare (20% of the 20% Medicare didn’t pay)
  - 20% after $100 deductible if not covered by Medicare
Blue Shield Medicare PPO coverage

◆ Medicare-covered services
1. Deductible N/A
2. 4% (20% of the 20% balance left after Medicare pays first)
3. $1,500 Out-of-Pocket Limit
   ◆ Per person, per year

◆ Services not covered by Medicare
1. $100 deductible
   ◆ Per person, per year
2. 20% coinsurance
3. $1,500 Out-of-Pocket Limit
   ◆ Per person, per year
---Blue Shield Medicare PPO coverage---

- Medicare primary, Medicare PPO secondary
- Caution: **must use Medicare providers** unless not covered by Medicare
- Deductible only applies if not covered by Medicare (but covered by plan)

<table>
<thead>
<tr>
<th>Self only coverage</th>
<th>Not covered by Medicare*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Deductible</td>
<td>$100</td>
</tr>
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<td>2: Coinsurance</td>
<td>20%</td>
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<td>$1,500</td>
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Examples:
* Acupuncture
* Hearing aids
* MFTs
* Services outside U.S.A.
Blue Shield Medicare PPO RX

1. **Generic:** $10/30-day supply
2. **Brand name:** $30/30-day supply
3. **Non-formulary:** $45/30-day supply
   - 90-day supplies available for 2 copays:
     - UC pharmacies
     - Albertsons, CVS, Safeway, and some others
     - Mail Order through PrimeMail
4. **Some meds require prior authorization**
5. **Out-of-pocket Limit:** $4,850
Behavioral health covered the same way medical is covered

- Coverage not “carved out”

Use Medicare providers

- Exception: MFTs, MFCCs
Advantages of Blue Shield Medicare PPO 😊

- Use any Medicare provider for Medicare-covered services
- Low, 4% coinsurance
- Comprehensive, world-wide coverage
- Chiropractic/acupuncture coverage
- Hearing aid coverage at 80%
Limits of Blue Shield Medicare PPO 😞

- Must use Medicare providers for Medicare-covered services
  - Medicare offers few psychiatrists
- Acupuncture visits limited to 24 visits per year
- $4,850 Rx out-of-pocket max too high to help
High Option
—About High Option—

◆ For most services, plan pays 100% of balance after Medicare; you pay nothing

◆ $50 annual deductible, 20% coinsurance applies only to services not covered by Medicare

◇ Example: Acupuncture
High Option coverage

- Medicare primary, High Option secondary
- Caution: must use Medicare providers unless not covered by Medicare
- Deductible only applies if not covered by Medicare (but covered by plan)

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<td>$1,050</td>
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Examples:
* Acupuncture
* Hearing aids
* MFTs
* Services outside U.S.A.
—High Option behavioral health—

◆ Behavioral health covered the same way medical is covered
  ◇ Coverage not “carved out”

◆ No coinsurance for most services

◆ Use Medicare providers
  ◇ Exception: MFTs, MFCCs
—High Option Rx—

1. **Generic:** $10/30-day supply
2. **Brand name:** $30/30-day supply
3. **Non-formulary:** $45/30-day supply

◊ 90-day supplies available for 2 copays:
  - UC pharmacies
  - Albertsons, CVS, Safeway, and some others
  - Mail Order through PrimeMail

◆ Some meds require prior authorization

◆ **Out-of-pocket Limit:** $1,000
—Advantages of High Option 😊—

◆ Pay **nothing** for most services
◆ Use any Medicare provider
◆ Hearing aid coverage at 80%
◆ Chiropractic/acupuncture coverage
◆ Lowest $R_x$ Out-of-Pocket Limit ($1,000$)
 Limits of High Option 😞 —

- Highest monthly premium
- Must use Medicare providers
  - Medicare offers few psychiatrists
- 24-visit annual limit on acupuncture
Choosing a plan

- Every plan has a different drug formulary
- Match your priorities with the services available
- Do a cost/benefit analysis based on plan premiums and your expected medical, behavioral and pharmacy needs
- Review the Plan Booklets (Evidence of Coverage)
  - UCnet → Open Enrollment
Making a change—

- Open Enrollment is online until 5 p.m. on 11/24
- You can request a form or make changes over the phone by calling 1-800-888-UCOP (8267)
- Remember to get a confirmation number
- Medicare members will have additional paperwork
- Remember, you can always change again during the next Open Enrollment...
Help is available—

Health Care Facilitator Program

◆ Guerren Solbach:
  ◦ (530) 752-4264 (Davis)
  ◦ (916) 734-8880 (Sacramento)

◆ Erika Castillo:
  ◦ (530) 752-7840 (Davis)
  ◦ (916) 734-4341 (Sacramento)

http://www.hr.ucdavis.edu/hcf
UC Retiree Medical Plans

—Presented by Guerren Solbach—

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