

COBRA/Continuation of Group Coverage

Mailing Addresses and Premium Information Effective: January 1, 2005–December 31, 2005

- If you're changing medical or dental plans, please call the new carrier before completing the form to verify that coverage is available in your area.
- Please call the carrier regarding eligibility for you and your family members.
- **Read the *Continuation of Group Insurance Coverage* notice for more details.** This notice is available from our website (<http://atyourservice.ucop.edu>), from your Benefits Office, or from UC HR/Benefits Customer Service (1-800-888-8267).
- **Kaiser Umbrella:** For Kaiser Umbrella plans, call the phone number on your I.D. card about COBRA options that may be available under your plan.
- **HCRA:** For COBRA information regarding the Health Care Reimbursement Account (HCRA), please call SHPS, Inc., at 1-877-270-3915.
- If you were enrolled in a medical plan for Medicare enrollees before the COBRA qualifying event, call Customer Service (1-800-888-8267) for premium amounts for the Medicare plans.

Medical Program

MONTHLY PREMIUM INFORMATION
(for 18-month and 36-month COBRA/continuation periods only)

	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
Blue Cross PLUS <i>(Available only to employees and retirees who were employed at California locations)</i> Blue Cross P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975	\$390.82	\$703.48	\$820.72	\$1,133.39
Blue Cross PPO <i>(Available only to employees and retirees who were employed at California locations)</i> Blue Cross P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975	\$459.99	\$827.97	\$965.98	\$1,333.97
Core Medical Plan (California) Blue Cross P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975	\$48.96	\$87.72	\$100.98	\$139.74
Core Medical Plan (New Mexico) Blue Cross P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975	\$160.14	\$288.66	\$336.60	\$464.10

Medical Program

MONTHLY PREMIUM INFORMATION

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	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
Definity Health <i>(Available only to UCSB and UCSF employees)</i> Please contact your Benefits Office for more information.	\$326.20	\$587.15	\$685.01	\$945.97
Health Net Membership Department 11971 Foundation Place C-MS 903-02-02 Rancho Cordova, CA 95670 Attn: COBRA Direct Pay 1-800-909-6362, ext. 3976 Fax: 818-676-7411 Group Policy No. 50478 (Include policy no. on envelope)	\$300.11	\$540.20	\$630.24	\$870.34
High Option Plan <i>(Available only to those who are currently enrolled)</i> Blue Cross P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975	\$1,804.92	\$2,805.36	\$3,406.48	\$4,407.95
Kaiser Foundation Health Plan, Inc.—California For Kaiser North: Kaiser Permanente California Service Center Attn: DPA P.O. Box 23059 San Diego, CA 92193-3059 1-888-236-4490 Fax: 858-614-3344 Group Policy No. 7-5000	\$273.50	\$492.30	\$574.35	\$793.16
For Kaiser South: Kaiser Permanente Attn: DPA P.O. Box 23127 San Diego, CA 92193-3127 1-888-236-4490 Fax: 858-614-3345 Group Policy No. 1026XX-36	\$273.50	\$492.30	\$574.35	\$793.16

Medical Program

MONTHLY PREMIUM INFORMATION
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	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
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<p>Kaiser Foundation Health Plan, Inc.— Mid-Atlantic Plan (Available only to those living in plan's service area) 2101 E. Jefferson St. Rockville, MD 20852 Attn: Membership Accounting/Tonya Evans 1-301-816-5738 Group Policy No. 15050-0</p>	\$354.94	\$638.89	\$745.38	\$1,029.32
<p>PacifiCare of California MS CY24-590 5701 Katella Ave. Subscriber Receivables Cypress, CA 90630-5019 1-714-952-1121, ext. 65133 Fax: 714-226-5947 Group Policy No. 100952</p>	\$297.14	\$534.84	\$589.78	\$827.46
<p>PacifiCare of Nevada Attn: Paul Ortega Desert Regional Service Ctr. 4601 E. Hilton Ave. Phoenix, AZ 85034 1-480-350-9500, ext. 5865 Fax: 480-303-7882 Group Policy No. 87205</p>	\$469.82	\$845.68	\$986.63	\$1,362.49
<p>UHC iPlan (Available only to LANL employees living in New Mexico) UHCDirectBill COBRA Business Unit P.O. Box 224708 Dallas, TX 75222 1-866-747-0048</p>	\$349.90	\$629.83	\$734.80	\$1,014.72
<p>UHC Options PPO (Available only to those living in the New Mexico PPO service area) UHCDirectBill COBRA Business Unit P.O. Box 224708 Dallas, TX 75222 1-866-747-0048</p>	\$433.19	\$779.75	\$909.71	\$1,256.26

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	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
UHC Options PPO National/Out-of-Area <i>(Available only to those not living in the New Mexico PPO service area)</i> UHCDirectBill COBRA Business Unit P.O. Box 224708 Dallas, TX 75222 1-866-747-0048	\$333.89	\$600.99	\$701.16	\$968.28
UHC Select EPO UHCDirectBill COBRA Business Unit P.O. Box 224708 Dallas, TX 75222 1-866-747-0048	\$345.82	\$622.49	\$726.23	\$1,002.88
Western Health Advantage COBRA Enrollment 1331 Garden Highway, Suite 100 Sacramento, CA 95833-9773 1-916-563-2250 or 888-563-2250 Fax: 916-568-0331 Group Policy No. 00-1021 (actives) Group Policy No. 00-1121 (retirees)	\$295.46	\$531.84	\$620.48	\$856.84
Dental Program				
Delta Dental Plan of California Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 Attn: COBRA 1-800-296-0192 Fax: 650-591-4022 Group Policy No. 4999	\$34.78	\$70.53	\$64.93	\$115.19
PMI DeltaCare <i>(Available only to California residents)</i> 12898 Towne Center Drive Cerritos, CA 90703 Attn: Eligibility Administration 1-800-422-4234	\$19.82	\$34.25	\$34.01	\$48.37
Vision Program				
Vision Service Plan P.O. Box 997100 Sacramento, CA 95899-7100 Attn: COBRA Administration 1-916-851-4637 or 1-800-852-7600, ext. 4637 Fax: 916-463-9031 Group Policy No. 00-101923-0033	\$13.74	\$13.74	\$13.74	\$13.74