

University of California

# Open Enrollment

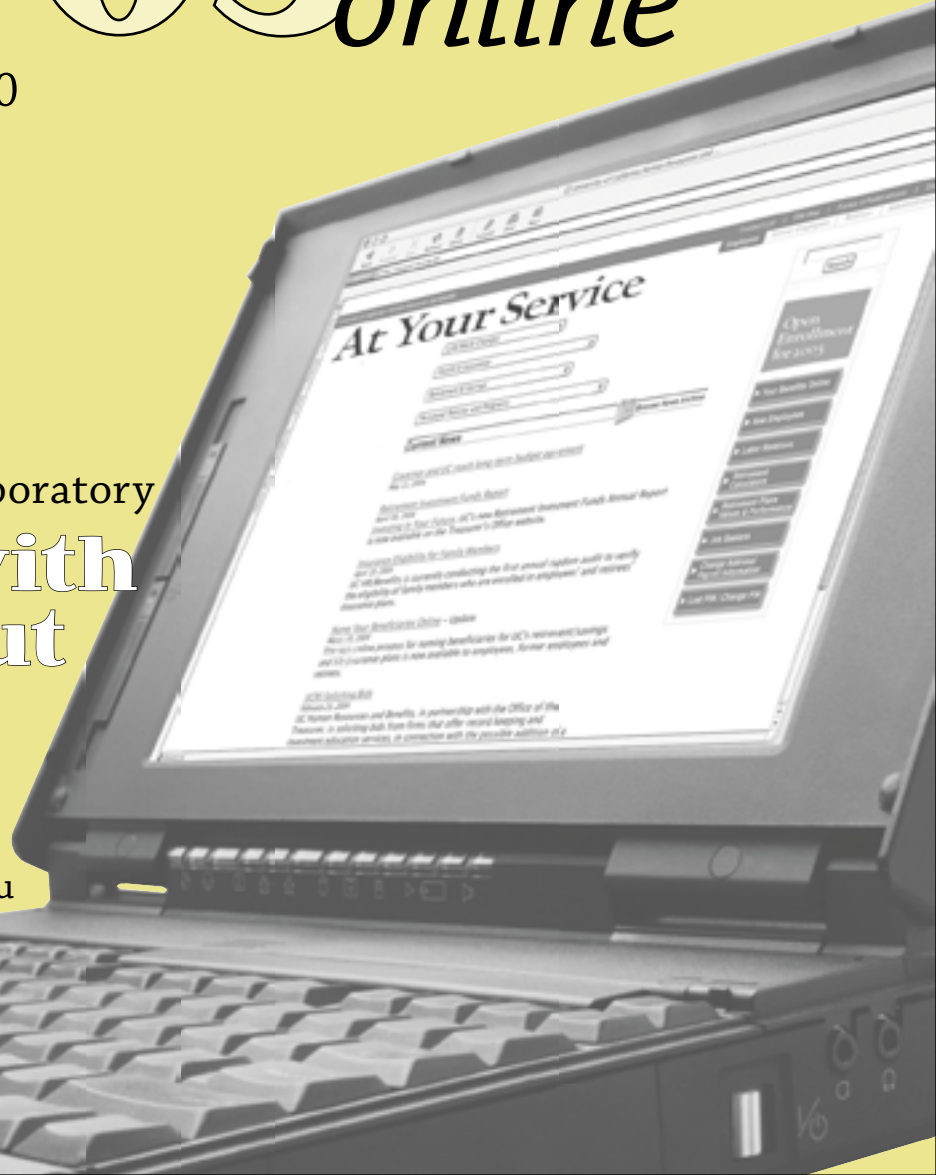
for **2005** *online*

November 1-30

Los Alamos National Laboratory

**Retirees with  
and without  
Medicare**

<http://atyourservice.ucop.edu>



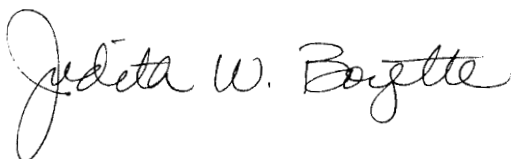
**Dear LANL Retirees,**

As the annual Open Enrollment period approaches, the news about medical care costs is mixed. The good news is that while health care costs nationally and in New Mexico generally continue to rise, changes in the Medicare payment schedules have, in most cases, significantly reduced this year's medical plan premium rates for our retirees enrolled in Medicare. On the other hand, medical plan premiums for our non-Medicare plans are increasing. We have worked hard to negotiate the best possible rates for our health plans, and I'm happy to report that benefits and employee costs for copayments and deductibles remain largely the same as they were last year.

As a result of last year's successful implementation of online Open Enrollment for employees, we are expanding the online enrollment to retirees. Telephone enrollment is being discontinued. Forms will be available for those who don't have internet access.

You'll find detailed instructions on how to make your Open Enrollment changes online as well as highlights of plan changes in this booklet. The At Your Service website (<http://atyourservice.ucop.edu>) provides additional information about the plans as well as helpful tools regarding your benefits. You also can get information at local Open Enrollment Meetings. A schedule of Open Enrollment Meetings is included in the booklet and posted on the website.

Please know that providing for your health and the health of your family remains a top priority at the University of California. Despite rising costs, we remain committed to providing access to a wide range of benefits choices to serve our diverse members. We look forward to serving you during Open Enrollment and during the coming year.



Judith W. Boyette  
Associate Vice President  
Human Resources and Benefits

# Open Enrollment 2005

Open Enrollment begins 8:00 am (PST) Monday, November 1 and ends at midnight Tuesday, November 30

## What's New

### Open Enrollment is online at <http://atyourservice.ucop.edu>

This year, you can make all your Open Enrollment changes online (by computer) and you won't use the telephone as you have in the past. See the enclosed quick reference guide for instructions. If you don't have a computer, you can use one at your local public library and at many community senior centers or you can ask a family member to help you.

**If you do not have computer access or prefer not going online, you can enroll by paper form.** You may request a UC paper enrollment form (UBEN 100) by completing the enclosed postcard. Remember that your form must be received by UC HR/Benefits by November 30, 2004, in order to be processed. We cannot guarantee you will receive a new ID card by January 1, 2005, if you submit changes by a paper enrollment.

### The Legal Plan is open

If you are not enrolled, you may enroll during Open Enrollment. If you are already enrolled and want to add or de-enroll a family member, you may do so during Open Enrollment.

### Expanded eligibility for opposite-sex domestic partners and coverage disabled children

The eligibility information is on pages 21–23.

### Suspend your UC-sponsored medical coverage

If you have other group or individual medical coverage, you may suspend your UC-sponsored medical coverage and re-enroll during a future Open Enrollment or at the time you lose the other coverage. Submit the enclosed postcard to obtain the required UC paper enrollment form (UBEN 100).

## Actions You Can Take

- Change to a different medical plan
- Enroll eligible family members
- Change/cancel coverage for currently enrolled family members
- Suspend UC-sponsored medical coverage
- Change to a different dental plan (LANL retirees living in California only)
- Enroll yourself and/or eligible family members in the Legal Plan

**If you wish to continue with the same coverage you have this year, don't do anything.**

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# Non-Medicare Plan Changes for 2005

For more information on non-Medicare plans go to page 9.

## Medical Plans

Changes are summarized here; benefit summaries and links to the plan home pages and evidence of coverage documents are available at the Open Enrollment website.

### UnitedHealthcare (UHC)

#### Select EPO

The acupuncture network is now in place in New Mexico.

#### Options PPO New Mexico

The acupuncture network is now in place.

#### Options PPO National

No plan changes.

#### Options PPO Out-of-Area

No plan changes.

### Core New Mexico (Blue Cross)

Health Improvement Programs (HIPs) have been added to assist retirees with cardiovascular disease, musculoskeletal problems and oncology support services.

### Kaiser Permanente—Mid-Atlantic

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

### PacifiCare of Nevada

No plan changes

### California HMOs

(Health Net, Kaiser Permanente, PacifiCare of California)

Call the plan for changes (see page 25 for phone numbers).

## Delta Dental

Anesthesia benefits for the developmentally disabled will be added. For details, visit our website (<http://atyourservice.ucop.edu>) or request a copy of the 2005 *Dental Plan Summary*.

## ARAG Legal Plan

No plan or rate changes in 2005. This plan is open for enrollment this year. If you are already enrolled and want to add or cancel a family member, you may do so during Open Enrollment.

Non-Medicare

# Medicare Plan Changes for 2005

For more information on Medicare plans go to page 15.

## Medical Plans

Changes are summarized here; benefit summaries and links to the plan home pages and evidence of coverage documents are available at the Open Enrollment website.

### UnitedHealthcare (UHC)

#### Select EPO

The acupuncture network is now in place in New Mexico.

#### Options PPO New Mexico

The acupuncture network is now in place.

#### Options PPO National

No plan changes

#### Options PPO Out-of-Area

No plan changes.

### Core New Mexico (A Blue Cross Plan)

Health Improvement Programs (HIPs) have been added to assist retirees with cardiovascular disease, musculoskeletal problems and oncology support services.

### Kaiser Permanente Mid-Atlantic/Medicare Plus

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

### PacifiCare of Nevada/ Secure Horizons

No plan changes

### California HMOs

(Health Net, Kaiser Permanente, PacifiCare of California)

Call the plan for changes.

## Delta Dental

Anesthesia benefits for the developmentally disabled will be added. For details, visit our website (<http://atyourservice.ucop.edu>) or request a copy of the 2005 *Dental Plan Summary*.

## ARAG Legal Plan

No plan or rate changes in 2005. This plan is open for enrollment this year. If you are already enrolled and want to add or cancel a family member, you may do so during Open Enrollment.

Medicare

# Review your Coverage & Research your Options

**If you don't have any plan changes to make, you don't need to do anything.** Your enrollments will remain as printed on the "Options and Costs" section of your Open Enrollment statement.

## Review your Current Coverage

Review the "Options and Costs for 2005" section on your Open Enrollment statement. Even if you do not make changes during Open Enrollment, your monthly cost may be different next year and will be reflected in your January 1st monthly benefit check or on your Direct Deposit statement.

If your permanent residence ZIP code is different from what is printed on your statement, the medical plan options listed may not be correct or available to you. Call the UC Customer Service Center (1-800-888-8267, Monday through Friday, 8:30 am–4:30 pm, PST) for your plan options.

## Research your Options

Consider if your life and health circumstances have changed and how they may affect your plan enrollments; you may find a better fit for your needs by changing to a different plan.

Review the Medical Benefits Summaries (beginning on pages 10 and 16) to compare benefits. More information is available on the Open Enrollment 2005 website to help you compare medical plans including links to plan websites.

If you need to know the service area of a medical plan, call the plan directly or visit their website (see page 26). Remember: service areas for Medicare plans may differ from non-Medicare plan service areas. Plan carriers can answer any additional questions you may have.

Attend an Open Enrollment meeting in your area (see page 25) if you wish to speak with a medical plan carrier or a UC benefits representative.

If you have had family member changes, you may need to make changes during Open Enrollment. But remember that marriage, separation, divorce and other life changes allow you a Period of Initial Eligibility of 31 days at any time to change your covered family members—not just during Open Enrollment. Before enrolling a new family member, verify their eligibility (see page 23).

## Primary Care Physicians

Before you log on to the Open Enrollment 2005 website, be sure to complete all your research, such as obtaining a Primary Care Physician (PCP) number, if necessary, for the medical plan.

To obtain a PCP number, use the "Find Doctor" link on the Open Enrollment website or call the medical plan (see page 25).

Confirm that your doctor is a member of the plan you choose, and that he/she is accepting new patients.

## Don't Live in New Mexico?

Here are your medical plan choices for 2005. For more information, see the Open Enrollment website.

### If you live in California:

- Health Net
- Kaiser Permanente—CA
- PacifiCare of California
- Western Health Advantage
- United Healthcare Options PPO
- Core New Mexico

### If you live in Washington D.C., Maryland or Virginia, you are eligible to enroll in:

- Core New Mexico
- Kaiser Permanente Mid-Atlantic
- UnitedHealthcare Select EPO
- UnitedHealthcare Options PPO

### If you live in Nevada, you are eligible to enroll in:

- Core New Mexico
- PacifiCare of Nevada
- UnitedHealthcare Select EPO
- UnitedHealthcare Options PPO

### If you live in any other state or outside the United States:

- Core New Mexico
- UnitedHealthcare Options PPO

# Some things to consider..

## **1. Do you want a specific doctor or care provider?**

*Call the medical plan directly to find out if your doctor is a listed provider with a specific plan and if he or she is currently accepting new patients.*

## **2. Do you visit the doctor frequently?**

*If the total costs of your copayments are a concern to you, it may be worthwhile to consider a medical plan with lower copayments for office visits or other services you regularly use. You should also consider the maximum payable under each plan.*

## **3. Do you have a chronic medical condition?**

*Some medical plans have special programs for management of conditions such as heart disease, asthma, or diabetes. Again, contact the individual plans for more information.*

## **4. Are your prescription costs a key concern?**

*If so, compare the out-of-pocket costs under the various plans. The categories “generic formulary,” “brand formulary,” and “non-formulary” are important because the costs for a specific medication may vary considerably under different medical plans, depending on its formulary category. Call the medical plan for information on coverage for specific medications.*

## **5. Are you or an enrolled family member scheduled for surgery or any other medical procedure or continuing treatment in late 2004?**

*If so, and you want to change your medical plan during Open Enrollment, call the new plan and ask how they will oversee the transition of your care. You should receive your new medical plan ID card by the first week in January.*

## **6. Are you or a family member currently enrolled in Medicare or do you expect to be enrolled in 2005?**

*If so, carefully review the Medicare Plans section beginning on page 15. For additional help, visit the insurance carrier websites, available on the At Your Service website (<http://atyourservice.ucop.edu>).*

***Becoming eligible for Medicare does not provide you with an opportunity to change plans—you will simply transfer to the Medicare version of your current plan.***

## **7. Are you thinking about suspending your medical coverage because you are enrolled under another group medical plan?**

*If you “suspend” your UC medical plan coverage, you and your eligible family members may re-enroll if you lose your other group or individual medical coverage involuntarily (e.g., layoff or termination of employment). You will have 31 days to re-enroll.*

*Or you and your family members may re-enroll during a future Open Enrollment even if you are covered under the other group or individual plan. UC coverage in this instance would not become effective until the following January 1.*

# Medical Plan Information

## Non-Medicare Plans

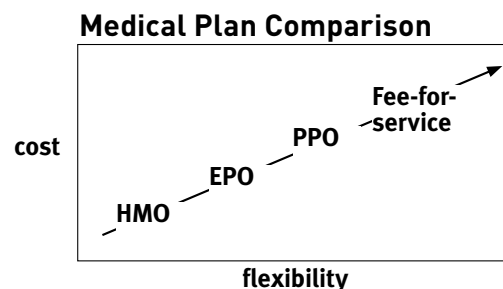
You and your covered family members must be enrolled in the same medical plan, but you can have different Primary Care Physicians (if applicable). Each type of plan is described briefly in the chart below. Refer to the Medical Benefits Summary (pages 10–13) for a summary of plan benefits for each plan.

See pages 16 through 19 for a summary of the Medicare plans. Medicare family members are automatically enrolled in the Medicare counterpart of the plan you select.

MEDICAL PLAN COMPARISONS				
Types of plans	HMO	EPO	PPO	Fee-for-Service
<b>Definition</b>	Health Maintenance Organization (Kaiser Mid-Atlantic, PacifiCare of Nevada)	Exclusive Provider Organization (Select EPO)	Preferred Provider Organization (Options PPO)	Traditional Fee-for-Service Plan (Core New Mexico)
<b>Reasons People Choose this Type of Plan</b>	Usually less costly than other plans.	Offers same advantages of HMO with a wider network.	Broader network of providers than HMO. Worldwide coverage available.	No limits on access to providers; desire to self-insure a larger part of front-end costs (high deductible). Worldwide coverage available.
<b>Choice of Providers</b>	You choose a Primary Care Physician (PCP) or a primary care group from the network. Both your primary and specialty care is through your chosen PCP/medical group.	You choose a PCP from the network.	You do not choose a PCP; you pay less if you use a network provider. If you use a non-network provider, your costs will be higher.	Unrestricted access to any provider.
<b>Provider Relationships</b>	Providers and medical groups contracted must be through the HMO network.	Providers contracted through the EPO network.	Providers contracted through the PPO network.	No network
<b>Primary Care</b>	Care must be coordinated by a PCP.	Care can be coordinated by a PCP or you may self-refer.	Coordination of care by a PCP is not required.	No PCP required
<b>Specialty Care</b>	Your PCP authorizes referrals.	You may self-refer to any provider.	You may self-refer in or out of network.	You may self-refer to any provider
<b>Networks</b>	Plan networks are limited, especially in rural areas.	EPO network is nationwide.	Networks tend to be wider than HMO networks. Plans have nationwide networks.	No network
<b>In-Network Coverage</b>	You must receive services from a network provider.	You must receive services from a network provider.	To have coverage at the highest level in the plan, you should receive services from a network provider.	No restriction
<b>Out-of-Network Coverage</b>	You are only covered for emergency services.	You are only covered for emergency services.	For services outside the network, you pay a higher deductible and share more of the costs.	No restriction

## Non-Medicare Plans

The information on this chart is arranged so that as you move to the right, the plan choices allow you more flexibility for your coverage needs. At the same time, however, you usually pay more monthly premium for these plans.



TYPE OF PLAN	HMO	EPO	PPO	Fee-for-service
<b>UC Premiums</b>	Usually less costly than other plans.	Comparable to HMO	Most expensive.	Lowest premium due to plan design (high deductible, catastrophic coverage).
<b>Cost Sharing for Services*</b>	Copayments for services; no deductibles or coinsurance.	Copayments, coinsurance and deductibles.	Annual deductibles; coinsurance payments lower for network providers; higher for non-network providers.	Coinsurance coverage after high annual deductible is satisfied.
<b>Claims</b>	No claims, but preauthorization required for some services (see plan details).	In-network—like an HMO.	For PPO providers, no claims to file. You file claims for non-PPO providers.	Members file claims for partial payment of costs after deductible is satisfied.
<b>Prescriptions</b>	Typically, a card program with a formulary and different copays for generic and brand name drugs. Mail-order refills can be arranged.	Typically, a card program with a formulary and different copays for generic, brand name, and non-formulary drugs. Usually has a mail-order program for maintenance drugs.	Typically, a card program with a formulary and different copays for generic, brand name, and non-formulary drugs. Usually has a mail-order program for maintenance drugs.	Retail prescriptions covered on straight percentage reimbursement with no discounts. No mail order program.

NOTE: DESCRIPTIONS LARGELY BASED ON UC PLAN DESIGNS; MORE VARIATIONS EXIST IN MARKET.

\*copayment = flat dollar cost; coinsurance = % of total cost

# Medical Benefits Summary: 2005

PLAN	Available to LANL employees...	COSTS			HOSPITAL SERVICES	
		Calendar Year Deductible	Annual Out-of-Pocket Maximum	Lifetime Maximum	Inpatient	Surgeon/Assistant Surgeon
<b>SELECT EPO</b>	Living in UHC service areas in New Mexico, Nevada, or Washington D.C. (tri-state area)	Individual: \$150 <sup>1</sup> Family: \$450 <sup>1</sup>	Individual: \$2,000 Family: \$6,000	None	10% (includes maternity admissions). Notification required by physician.	10%
<b>OPTIONS PPO New Mexico In-Network</b>	Living in UHC New Mexico PPO service area	Individual: \$250 <sup>1</sup> Family: \$750 <sup>1</sup>	Individual: \$3,000 <sup>2</sup> Family: \$9,000 <sup>2</sup>	None	10% <sup>3</sup>	10%
		<b>Out-of-Network</b>	Individual: \$500 <sup>1</sup> Family: \$1,500 <sup>1</sup>	Individual: \$6,000 <sup>2</sup> Family: \$18,000 <sup>2</sup>	\$2,000,000	\$250 copayment plus 40% <sup>3</sup>
<b>National In-Network</b>	Living in UHC PPO service area outside of New Mexico	Individual: \$250 <sup>1</sup> Family: \$750 <sup>1</sup>	Individual: \$3,000 <sup>2</sup> Family: \$9,000 <sup>2</sup>	None	10% <sup>3</sup>	10%
		<b>Out-of-Network</b>	Individual: \$500 <sup>1</sup> Family: \$1,500 <sup>1</sup>	Individual: \$6,000 <sup>2</sup> Family: \$18,000 <sup>2</sup>	\$2,000,000	\$250 copayment plus 40% <sup>3</sup>
<b>Out-of-Area</b>	Living outside the UHC PPO service area, or living abroad	Individual: \$250 <sup>1</sup> Family: \$750 <sup>1</sup>	Individual: \$3,000 Family: \$9,000	\$2,000,000	10% <sup>3</sup> \$250 copayment	10%
<b>CORE NEW MEXICO</b>	Provides worldwide coverage.	Individual: \$3,000	Individual: \$7,600	\$2,000,000	20% (preauthorization required) <sup>1</sup>	20%

## Definitions

**Calendar Year Deductible:** The amount you must pay for medical services before the plan will provide benefits.

**Annual Out-of-Pocket Maximum:** The amount you must pay during the calendar year before the plan will pay 100% of covered charges. Some expenses do not apply toward the maximum; see the plan's evidence of coverage booklet.

**Lifetime Maximum:** The most that will be payable for any person in his/her lifetime.

**Copayments:** Shown in dollars; represents the amount you pay.

**Coinsurance:** Shown as a percentage; represents the percentage of the usual, customary and reasonable amount you pay.

**Usual, Customary and Reasonable (UCR):** UCR is the amount established by insurance companies to determine the maximum amount they will consider eligible for reimbursement. Your provider may charge substantially more than the UCR and you will be responsible for the difference.

**Select EPO** = Exclusive provider organization  
**Options PPO** = Preferred provider organization  
**Core** = Fee-for-service plan

## Non-Medicare Plans

		PHYSICIAN VISITS					
Emergency Room	Ambulance	Office Visit	Hospital Visit	Preventive Physical Exam	Maternity Outpatient Care	Maternity Inpatient Care	Well Baby Care
10% (+\$75 copayment, waived if admitted to the hospital). Non-emergency not covered.	10% Non-emergency ambulance not covered.	\$20	No charge	\$20 (no charge up to age 2)	No charge (\$20 for first visit to diagnose pregnancy)	No charge	No charge to age 2
10% (emergency) 40% (non-emergency) (+\$75 copayment, waived if admitted to the hospital)	10% (emergency) 40% (non-emergency)	\$20 (no charge up to age 2)	No charge	\$20 (no charge ages 2 through 5)	No charge (\$20 for first visit to diagnose pregnancy)	No charge (\$20 for first visit to diagnose pregnancy)	No charge to age 2
	10% (emergency) 40% (non-emergency)	40%	40%	40% ages 2 through 18: no deductible; not covered age 19 and over	40%	40%	40% to age 2; no deductible
10% (emergency) 40% (non-emergency) (+\$75 copayment, waived if admitted to the hospital)	10% (emergency) 40% (non-emergency)	\$20 (no charge up to age 2)	No charge	\$20 (no charge ages 2 through 5)	No charge (\$20 for first visit to diagnose pregnancy)	No charge (\$20 for first visit to diagnose pregnancy)	No charge to age 2
10% (emergency) 40% (non-emergency) (+\$75 copayment, waived if admitted to the hospital)	10% (emergency) 40% (non-emergency)	40%	40%	40% ages 2 through 18: no deductible; not covered age 19 and over	40%	40%	40% to age 2; no deductible
10% (+\$75 copayment, waived if admitted to the hospital) Non-emergency not covered.	10% Non-emergency ambulance not covered.	10%	10%	10%; no deductible ages 2 through 18	10%	10%	10% to age 2; no deductible
20%	20%	20%	20%	20%	20%	20%	20%

**Note: Benefits show what you pay.** Benefits for each plan are described generally. For detailed information, call the plan or see their website for specific benefits, provider information, and plan booklets.

**Service areas:** To determine which UHC plan provides service where you live, call UHC directly or see their website.

Except for Core, all plans listed are UnitedHealthcare (UHC) plans. The Core plan is administered by Blue Cross of California.

**UnitedHealthcare:** 1-800-603-3816 ([www.provider.uhc.com/losalamos](http://www.provider.uhc.com/losalamos))

**Core (Blue Cross of California):** 1-888-209-7975 ([www.bluecrossca.com/clients/uc.htm](http://www.bluecrossca.com/clients/uc.htm))

- 1 Visit copayments, emergency room and inpatient hospital copayments are not subject to and do not apply to the calendar year deductible.
- 2 Under the Medical portion of the PPO plan, the PPO In-Network calendar year deductible, visit copayments, the emergency room copayment and coinsurance do apply to the Annual Out-of-Pocket Limit amount.
- 3 Member must provide UHC with notification for services, or a \$300 penalty per instance will apply.

# Medical Plan Summary: 2005

## Non-Medicare Plans

PLAN	ALTERNATIVE CARE			OTHER BENEFITS		
	Hospice (Inpatient)	Home Health Care	Skilled Nursing Facility	Outpatient X-Ray and Lab	Eye Exams	Chiropractor
<b>SELECT EPO</b>	10%; no deductible (maximum \$7,400 per lifetime). Notification required by physician.	10%; no deductible. Notification required.	10% (100 day maximum per calendar year); no deductible. Notification required by physician.	10%	Medically necessary: \$20. Routine exams not covered.	\$20 (20 visits per calendar year)
<b>OPTIONS PPO New Mexico In-Network</b>	10%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	10%; no deductible. Notification required.	10% (100 days per calendar year); no deductible. <sup>5</sup>	10%	Medically necessary: \$20. Routine exams not covered.	\$20 (20 visits per calendar year)
	<b>Out-of-Network<sup>4</sup></b>	40%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	40% (100 visits per calendar year; no deductible)	40% (70 days per cal. year); no deductible. <sup>5</sup>	40%	Medically necessary: 40%. Routine exams not covered.
<b>National In-Network</b>	10%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	10%; no deductible. Notification required.	10% (100 days per calendar year); no deductible. <sup>5</sup>	10%	Medically necessary: \$20. Routine exams not covered.	\$20 (20 visits per calendar year)
	<b>Out-of-Network<sup>4</sup></b>	40%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	40% (100 visits per calendar year; no deductible)	40% (70 days per cal. year); no deductible. <sup>5</sup>	40%	Medically necessary: 40%. Routine exams not covered.
<b>Out-of-Area</b>	10%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	10% (100 visits per calendar year; no deductible) <sup>5</sup>	10% (70 days per calendar year); no deductible <sup>5</sup>	10%	Medically necessary: 10%. Routine exams not covered.	10% (20 visits per calendar year)
<b>CORE NEW MEXICO</b>	20% (Lifetime Maximums: Inpatient 30 days/Outpatient \$5,000)	20% (up to 100 visits per calendar year)	20% (up to 120 days per calendar year)	20%	20% (medically necessary)	20%

4 Using a non-UHC provider, member will pay 40% of reasonable and customary charges plus the difference between billed charges and reasonable and customary charges.

5 Member must provide UHC with notification for these services or a \$300 penalty per instance will apply.

6 If member or doctor requests brand name drug when generic equivalent is available, member pays generic copayment plus cost difference between brand and generic. Member pays cost difference when selecting brand name over available generic.

7 Retail pharmacy/supply maximum per copayment: During each one-month period, a 31-day supply.

## Non-Medicare Plans

	PRESCRIPTION DRUGS		BEHAVIORAL HEALTH <sup>11</sup>			
Acupuncture	Retail	Mail Order	Mental Health Inpatient	Mental Health Outpatient	Substance Abuse Inpatient <sup>13</sup>	Substance Abuse Outpatient <sup>13</sup>
\$20 (20 visits per calendar year). In New Mexico, must use UHC contracted acupuncturists.	One copayment for up to a 31-day supply. <sup>6,7</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	One copayment for up to a 31-day supply. Two copayments for a 32 to 90-day supply. <sup>9</sup> Generic: two copayments or \$30; Preferred Brand: two copayments or \$60; Non-Pref. Brand: two copayments or \$90	No copayment	\$15 per visit copayment	Detox: 20% of auth. charges; no deductible. Rehab: 20% of auth. charges (50% for non-compliance); \$250 calendar year deductible <sup>10</sup>	Rehab: 20% of authorized charges; no deductible
\$20 (20 visits per calendar year, combined in- and out-of-network)  40% (20 visits per calendar year, combined in- and out-of-network)	One copayment for up to a 31-day supply. <sup>6,7</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	One copayment for up to a 31-day supply. Two copayments for a 32 to 90-day supply. <sup>9</sup> Generic: two copayments or \$30; Preferred Brand: two copayments or \$60; Non-Pref. Brand: two copayments or \$90	No copayment	\$15 per visit copayment	Detox: 20% of auth. charges; no deductible. Rehab: 20% of auth. charges (50% for non-compliance); \$250 calendar year deductible <sup>10</sup>	Rehab: 20% of authorized charges; no deductible
\$20 (20 visits per calendar year, combined in- and out-of-network)  40% (20 visits per calendar year, combined in- and out-of-network)	One copayment for up to a 31-day supply. <sup>6,7</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	One copayment for up to a 31-day supply. Two copayments for a 32 to 90-day supply. <sup>9</sup> Generic: two copayments or \$30; Preferred Brand: two copayments or \$60; Non-Pref. Brand: two copayments or \$90	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	Detox: 20% coinsurance. Rehab: 20% coinsurance (50% for non-compliance) <sup>10</sup>	Rehab: 20% coinsurance. Calendar year benefit maximum per person: \$3,500
10% (20 visits per calendar year)	One copayment for up to a 31-day supply. <sup>6,7</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	One copayment for up to a 31-day supply. Two copayments for a 32 to 90-day supply. <sup>9</sup> Generic: two copayments or \$30; Preferred Brand: two copayments or \$60; Non-Pref. Brand: two copayments or \$90	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	Detox: 20% coinsurance. Rehab: 20% coinsurance (50% for non-compliance) <sup>10</sup>	Rehab: 20% coinsurance. Calendar year benefit maximum per person: \$3,500
20% (\$500 maximum/calendar year) <sup>14</sup>	20%	No mail order	Not covered	Not covered	Not covered	Not covered

8 Member is responsible for paying the difference between plan's contracted rate and the amount billed by a non-participating pharmacy.

9 Mail order/supply maximum per two copayments: During each three-month period, a 90-day supply. If less than a 90-day supply is ordered but at least a 32 day supply, two copayments will apply. If less than a 32-day supply, one copayment will apply.

10 Lifetime maximum per person for all inpatient services: 130 days.

11 UHC plans: All services must be approved in advance by PacifiCare Behavioral Health, Inc.; 1-800-817-8811. The calendar year deductible, benefits, level, and lifetime maximums are combined for a member who transfers between the UHC plans.

12 A separate \$3,000 individual/\$9,000 family out-of-pocket maximum applies to all mental health PPO benefits.

13 For UHC plans, limited to one treatment episode per person, per calendar year, for inpatient and outpatient treatment (up to \$10,000).

14 For treatment of disease, illness, or injury.

# Medicare Plans



# Medicare

## UC Medical Plans for Medicare Enrollees

**In order to keep your UC coverage, you must enroll and stay enrolled in Medicare Part B**

**This** section includes information about UC's medical plans for those enrolled in Medicare Parts A and B, including how Medicare coordinates with the UC plans. This information should help you decide which plan is right for you and your family. You may also want to consider the monthly plan costs listed on your Open Enrollment statement, as well as the out-of-pocket maximums, when making your decision.

If you do not understand how your doctor will bill you or have other questions after reading the information in this section, ask your doctor or call your plan directly at the number listed on page 25.

If you or a family member is in Medicare and your other family members are not, those in Medicare are enrolled in the Medicare version of the plan while the others remain in the non-Medicare version of the plan.

### Medicare Requirements

UC requires all retirees and their enrolled family members to enroll in both parts of Medicare (Parts A and B) as soon as they become eligible, usually when they turn 65.

**If you become eligible for Medicare Part A (free of charge), and you do not enroll in Part B, you will permanently lose your UC-sponsored medical coverage.**

### Enrolling in 2005?

If you (or any eligible family member) expect to enroll in Medicare during 2005, you may want to consider now whether the Medicare version of your current medical plan will offer the coverage you want. If not, Open Enrollment is the time to change plans.

For more information on Medicare, read the *UC Medicare Factsheet* available on the At Your Service website or from the UC Customer Service Center (see page 24).

### Medicare Offset Penalty

Those who are currently paying UC's monthly offset penalty for not enrolling in Medicare Part B will continue to do so. The penalty for 2005 is \$265 per person per month. Your monthly offset penalty will stop when you notify UC of your eligibility for and enrollment in Medicare Parts A and B. You are able to enroll in Part B every January through March with Part B coverage effective July 1 of that year.

### Non-Medicare Providers and Private Contracts

If your doctor does not accept Medicare or has opted out of Medicare and will only render services if you sign a "private contract," those services will not be covered by Medicare or your UC-sponsored medical plan.

### Working After Age 65

If you continue to work for UC after age 65 or return to UC as a rehired retiree and are eligible for medical benefits through your UC employment, the Federal Medicare Secondary Payer law states that Medicare cannot be your Primary Insurance.

If you return to UC employment as a rehired retiree, you must maintain your enrollment in Medicare Part B. If you cancel your Medicare Part B, you risk permanent de-enrollment from your UC-sponsored medical plan.

PLAN	Available to LANL retirees...	COSTS			HOSPITAL SERVICES	
		Calendar Year Deductible	Annual Out-of-Pocket Maximum	Lifetime Maximum	Inpatient	Surgeon/Assistant Surgeon
<b>SELECT EPO</b>	Living in UHC service areas in New Mexico, Nevada, or Washington D.C. (tri-state area)	Individual: \$150 <sup>1</sup> Family: \$450 <sup>1</sup>	Individual: \$2,000 Family: \$6,000	None	10% (includes maternity admissions). Notification required by physician.	10%
<b>OPTIONS PPO New Mexico</b>	Living in UHC New Mexico PPO service area	Individual: \$250 <sup>1</sup> Family: \$750 <sup>1</sup>	Individual: \$3,000 <sup>2</sup> Family: \$9,000 <sup>2</sup>	None	10% <sup>3</sup>	10%
<b>National</b>	Living in UHC PPO service area outside of New Mexico	Individual: \$250 <sup>1</sup> Family: \$750 <sup>1</sup>	Individual: \$3,000 <sup>2</sup> Family: \$9,000 <sup>2</sup>	None	10% <sup>3</sup>	10%
<b>Out-of-Area</b>	Living outside the UHC PPO service area, or living abroad	Individual: \$250 <sup>1</sup> Family: \$750 <sup>1</sup>	Individual: \$3,000 Family: \$9,000	\$2,000,000	10% <sup>3</sup> \$250 copayment	10%
<b>CORE NEW MEXICO<sup>4</sup></b>	Provides worldwide coverage.	\$300 per member	\$2,260 per member	\$2,000,000	20% (preauthorization required) <sup>1</sup>	20%

### Definitions

**Calendar Year Deductible:** The calendar year deductible is the amount you must pay for medical services before the medical plan begins to pay a percentage of the total cost of benefits. Until the deductible is met, you pay the total cost not covered by Medicare. Review each plan's annual deductible and monthly premium to decide which plan is the most affordable.

**Annual Out-of-Pocket Maximum:** The out-of-pocket maximum is the annual ceiling for your copayments or coinsurance during the calendar year. After this amount is reached, the plan will pay benefits at 100 percent after Medicare. Some expenses do not apply toward the maximum (see plan booklets).

**Lifetime Maximum:** The most that will be payable for any person in his/her lifetime.

**Select EPO** = Exclusive provider organization  
**Options PPO** = Preferred provider organization  
**Core** = Fee-for-service plan

## Medicare Plans

		PHYSICIAN VISITS				
Emergency Room	Ambulance	Office Visit	Hospital Visit	Preventive Physical Exam	Durable Medical Equipment	
10% (+\$75 copayment, waived if admitted to the hospital). Non-emergency not covered.	10% Non-emergency ambulance not covered.	\$20	No charge	\$20 (no charge up to age 2)	10% <sup>3</sup>	
10% (emergency) 40% (non-emergency) (+\$75 copayment, waived if admitted to the hospital)	10% (emergency) 40% (non-emergency)	\$20 (no charge up to age 2)	No charge	\$20 (no charge ages 2 through 5)	10% <sup>3</sup>	
10% (emergency) 40% (non-emergency) (+\$75 copayment, waived if admitted to the hospital)	10% (emergency) 40% (non-emergency)	\$20 (no charge up to age 2)	No charge	\$20 (no charge ages 2 through 5)	10% <sup>3</sup>	
10% (+\$75 copayment, waived if admitted to the hospital).	10% Non-emergency ambulance not covered.	10%	10%	10%; no deductible ages 2 through 18	10% <sup>3</sup>	
20%	20%	20%	20%	20%	20%	

**Note: Benefits show what you pay.** Benefits for each plan are described generally. For detailed information, call the plan or see their website for specific benefits, provider information, and plan booklets. For more information on how UC-sponsored medical plans coordinate with Medicare and on balance billing, see UC's *Medicare Factsheet*.

**Service areas:** To determine which UHC plan provides service where you live, call UHC directly or use their website (available on our website at <http://atyourservice.ucop.edu>).

Except for Core, all plans listed are UnitedHealthcare (UHC) plans.

The Core plan is administered by Blue Cross of California.

**UnitedHealthcare:** 1-800-603-3816 ([www.provider.uhc.com/losalamos](http://www.provider.uhc.com/losalamos))

**Core (Blue Cross of California):** 1-888-209-7975 ([www.bluecrossca.com/clients/uc.htm](http://www.bluecrossca.com/clients/uc.htm))

<sup>1</sup> Visit copayments, emergency room and inpatient hospital copayments are not subject to and do not apply to the calendar year deductible.

<sup>2</sup> Under the Medical portion of the PPO plan, the PPO In-Network calendar year deductible, visit copayments, the emergency room copayment and coinsurance do apply to the Annual Out-of-Pocket Limit amount.

<sup>3</sup> Member must provide UHC with notification for services, or a \$300 penalty per instance will apply.

<sup>4</sup> When living outside the U.S., the non-Medicare plan benefits apply. Refer to plan booklet for details.

PLAN	ALTERNATIVE CARE			OTHER BENEFITS		
	Hospice (Inpatient)	Home Health Care	Skilled Nursing Facility	Outpatient X-Ray and Lab	Eye Exams	Chiropractor
<b>SELECT EPO</b>	10%; no deductible (maximum \$7,400 per lifetime). Notification required by physician.	10%; no deductible.	10% (100 day maximum per calendar year); no deductible. Notification required by physician.	10%	Medically necessary: \$20. Routine exams not covered.	\$20 (20 visits per calendar year)
<b>OPTIONS PPO New Mexico</b>	10%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	10%; no deductible.	10% (100 days per calendar year); no deductible. <sup>5</sup>	10%	Medically necessary: \$20. Routine exams not covered.	\$20 (20 visits per calendar year)
<b>National</b>	10%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	10%; no deductible.	10% (100 days per calendar year); no deductible. <sup>5</sup>	10%	Medically necessary: \$20. Routine exams not covered.	\$20 (20 visits per calendar year)
<b>Out-of-Area</b>	10%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	10% (100 visits per calendar year; no deductible) <sup>5</sup>	10% (70 days per calendar year); no deductible <sup>5</sup>	10%	Medically necessary: 10%. Routine exams not covered.	10% (20 visits per calendar year)
<b>CORE NEW MEXICO</b>	20% (Lifetime Maximums: Inpatient 30 days/Outpatient \$5,000)	20% (up to 100 visits per calendar year)	20% (up to 120 days per calendar year)	20%	20% (medically necessary)	20%

**Note: Benefits show what you pay.** Benefits for each plan are described generally. For detailed information, call the plan or see their website for specific benefits, provider information, and plan booklets. For more information on how UC-sponsored medical plans coordinate with Medicare and on balance billing, see UC's *Medicare Factsheet*.

**Service areas:** To determine which UHC plan provides service where you live, call UHC directly or use their website (available on our website at <http://atyourservice.ucop.edu>).

Except for Core, all plans listed are UnitedHealthcare (UHC) plans.

The Core plan is administered by Blue Cross of California.

**UnitedHealthcare:** 1-800-603-3816 ([www.provider.uhc.com/losalamos](http://www.provider.uhc.com/losalamos))

**Core (Blue Cross of California):** 1-888-209-7975 ([www.bluecrossca.com/clients/uc.htm](http://www.bluecrossca.com/clients/uc.htm))

Acupuncture	PRESCRIPTION DRUGS		BEHAVIORAL HEALTH <sup>11</sup>			
	Retail	Mail Order	Mental Health Inpatient	Mental Health Outpatient	Substance Abuse Inpatient <sup>13</sup>	Substance Abuse Outpatient <sup>13</sup>
\$20 (20 visits per calendar year)	One copayment for up to a 31-day supply. <sup>6,7,8</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	Two copayments for up to 90-day supply. <sup>9</sup> Generic: \$30; Preferred Brand: \$60; Non-Pref. Brand: \$90	No copayment	\$15 per visit copayment	Detox: 20% of auth. charges; no deductible. Rehab: 20% of auth. charges (50% for non-compliance); \$250 calendar year deductible <sup>10</sup>	Rehab: 20% of authorized charges; no deductible
\$20 (20 visits per calendar year, combined in- and out-of-network)	One copayment for up to a 31-day supply. <sup>6,7,8</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	Two copayments for up to 90-day supply. <sup>9</sup> Generic: \$30; Preferred Brand: \$60; Non-Pref. Brand: \$90	No copayment	\$15 per visit copayment	Detox: 20% of auth. charges; no deductible. Rehab: 20% of auth. charges (50% for non-compliance); \$250 calendar year deductible <sup>10</sup>	Rehab: 20% of authorized charges; no deductible
\$20 (20 visits per calendar year, combined in- and out-of-network)	One copayment for up to a 31-day supply. <sup>6,7,8</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	Two copayments for up to 90-day supply. <sup>9</sup> Generic: \$30; Preferred Brand: \$60; Non-Pref. Brand: \$90	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	Detox: 20% coinsurance. Rehab: 20% coinsurance (50% for non-compliance) <sup>10</sup>	Rehab: 20% coinsurance. Calendar year benefit maximum per person: \$3,500
10% (20 visits per calendar year)	One copayment for up to a 31-day supply. <sup>6,7,8</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	Two copayments for up to 90-day supply. <sup>9</sup> Generic: \$30; Preferred Brand: \$60; Non-Pref. Brand: \$90	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	Detox: 20% coinsurance. Rehab: 20% coinsurance (50% for non-compliance) <sup>10</sup>	Rehab: 20% coinsurance. Calendar year benefit maximum per person: \$3,500
20% (\$500 maximum/calendar year) <sup>14</sup>	20%	No mail order	Not covered	Not covered	Not covered	Not covered

4 Using a non-UHC provider, member will pay 40% of reasonable and customary charges plus the difference between billed charges and reasonable and customary charges.

5 Member must provide UHC with notification for these services or a \$300 penalty per instance will apply.

6 If member or doctor requests brand name drug when generic equivalent is available, member pays generic copayment plus cost difference between brand and generic. Member pays cost difference when selecting brand name over available generic.

7 Retail pharmacy/supply maximum per copayment: During each one-month period, a 31-day supply.

8 Member is responsible for paying the difference between plan's contracted rate and the amount billed by a non-participating pharmacy.

9 Mail order/supply maximum per two copayments: During each three-month period, a 90-day supply. If less than a 90-day supply is ordered but at least a 32 day supply, two copayments will apply. If less than a 32-day supply, one copayment will apply.

10 Lifetime maximum per person for all inpatient services: 130 days.

11 UHC plans: All services must be approved in advance by PacifiCare Behavioral Health, Inc.; 1-800-817-8811. The calendar year deductible, benefits, level, and lifetime maximums are combined for a member who transfers between the UHC plans.

12 A separate \$3,000 individual/\$9,000 family out-of-pocket maximum applies to all mental health PPO benefits.

13 For UHC plans, limited to one treatment episode per person, per calendar year, for inpatient and outpatient treatment (up to \$10,000).

14 For treatment of disease, illness, or injury.

- Eligibility Information
- For More Information
- Plan Toll-Free Phone Numbers
- Open Enrollment Meetings



### No Duplicate Coverage

You may be covered in only one of the following categories:

- Employee
- Retiree
- Eligible Family Member

If both you and your spouse or domestic partner are UC employees or retirees, only one of you may cover your children.

If a duplicate enrollment occurs, UC will cancel the later enrollment. UC reserves the right to collect repayment for any duplicate coverage.

### Who You May Enroll

You may enroll your family members in your UC-sponsored plans as long as they meet UC's eligibility requirements. See the chart on page 23.

### Eligible Adult

Besides yourself, you may have only one eligible adult family member enrolled:

- a legal spouse,
- a domestic partner, or
- an adult dependent relative (must be enrolled by 12/31/03)

### NEW FOR 2005: Expanded Eligibility

Plan coverage eligibility is expanding in 2005 for two categories of family members.

### NEW—Opposite-Sex Domestic Partners

Eligible opposite-sex domestic partners and their children or grandchildren **who meet the qualifications listed below** may be covered by the retiree's medical, dental and/or legal plan.

One partner must be 62 or older and eligible to receive Social Security based on age, and the other partner must be at least 18.

The opposite-sex domestic partnership must be registered with the State of California, or the following qualifications must be met by both partners:

- must be capable of consenting to the domestic partnership;
- must be each other's sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely;
- must share a common residence;
- must not be related by blood in a way that would prevent them from being married to each other in California;
- must be financially interdependent;
- must not be legally married to someone else or be a member of another domestic partnership.

### Children of Domestic Partners

A domestic partner's child(ren) or grandchild(ren) who meet the following qualifications may be enrolled to age 23:

- must be unmarried;
- must live with the UC retiree and receive at least 50% financial support from the domestic partner or retiree;
- must be claimed as a tax dependent by the UC retiree or their domestic partner.

### NEW—Disabled Children Over Age 23: Tax Dependency No Longer Required

Qualified disabled children may remain eligible for continued coverage past age 23. This applies to the following children: natural or legally adopted child(ren), and if living with you: stepchild(ren) and grandchild(ren), child(ren) and grandchild(ren) of the eligible domestic partner.

The disabled child must meet these qualifications:

- must be incapable of self-support due to a mental or physical handicap;
- the incapacity began before age 23, the child was enrolled in a group medical plan (including Medicare and Medicaid), and the coverage has been continuous; and
- the child meets any one of these qualifications:

is dependent on you for at least 50% of his or her support and is your dependent for income tax purposes, **or** is eligible for Social Security Income or Supplemental Security Income (SSI) as a disabled person, **or** is working in supported employment which may offset the Social Security or SSI benefits.

Contact the UC Customer Service Center since a paper form is required to enroll these children. In addition, medical plan certification of incapacity is required. Confirmed coverage is subject to carrier approval. There may be imputed income for non-tax dependent family members.

### IMPUTED INCOME

If you enroll the following eligible family members, the UC/employer contribution for the additional coverage may be taxable income to you:

- eligible domestic partner (same-sex and opposite sex)
- domestic partner's child/grandchild(ren)
- overage disabled child who meets all the UC requirements.

This imputed income is subject to federal and California state income taxes, Social Security and Medicare taxes and any other required payroll tax. You may not be subject to tax on imputed income if these family members are your tax dependents, or, for California state income tax purposes only, if you have registered your domestic partnership with the state of California. You may recover any excess federal or California state income tax withheld when you file your tax returns.

Please call the UC Customer Service Center for more information.

### Ineligible Family Members

**Important Note:** If an enrolled family member loses eligibility during the year, call the UC Customer Service Center to have them de-enrolled. Don't wait until Open Enrollment. You are responsible for costs incurred in connection with the enrollment of ineligible family members and you could be subject to penalties associated with the misuse of the plan if you continue coverage for family members who no longer meet UC's rules.

If you de-enroll a family member during Open Enrollment, that individual's coverage will end on December 31, 2004.

Your legally separated spouse, former spouse, or former domestic partner is not eligible to participate in UC-sponsored health and welfare plans.

If a divorce or legal separation settlement requires you to provide such coverage, you must do so on your own.

For details on eligibility, see the *Group Insurance Eligibility Factsheet* (for retirees), available on the At Your Service website (<http://atyourservice.ucop.edu>) or from the UC Customer Service Center (1-800-888-8267, Monday–Friday, 8:30 am–4:30 pm).

### COBRA and Conversion

Family members who lose eligibility may be able to continue coverage under COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or other UC continuation options. In some cases, they may be able to convert UC-sponsored coverage to individual policies. For more information, see the *Continuation of Group Insurance Coverage* notice, available on the At Your Service website or from the UC Customer Service Center.

## Family Member Eligibility Chart

Medical  
Dental  
AD&D  
Legal

**Reminder:** As a retiree, you and your eligible family members may continue your medical, dental and legal plans. AD&D coverage is available only to you and your spouse/domestic partner (payment must be made directly to American Home Assurance).

FAMILY MEMBER	ELIGIBILITY	MUST BE	Medical	Dental	AD&D	Legal
<b>Legal spouse<sup>1</sup></b>	<b>Eligible</b>		●	●	●	●
<b>Adult dependent relative (enrolled before 12/31/03)</b>	Age 18 or older	<ul style="list-style-type: none"> <li>related to you (see below)<sup>2</sup></li> <li>living with you</li> <li>claimed as your tax dependent</li> <li>not eligible for Medicare Part A</li> </ul>	●	●		
<b>Domestic partner<sup>1</sup> of retiree (same-sex/ opposite-sex)</b>	Age 18 or older	<ul style="list-style-type: none"> <li>if opposite sex either the retiree or the domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age</li> <li>domestic partnership registered with the State of California or established a partnership in jurisdictions other than California (same-sex domestic partners only); otherwise, the following requirements must be met by both partners;                             <ul style="list-style-type: none"> <li>– must be capable of consenting to the domestic partnership</li> <li>– must be each other’s sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely;</li> <li>– must share a common residence;</li> <li>– must not be related to each other in a way that would prevent them from being married to each other in California;</li> <li>– must be financially interdependent;</li> <li>– must not be legally married to someone else or be a member of another domestic partnership</li> </ul> </li> </ul>	●	●	●	●
<b>Natural or adopted child</b>	To age 23	<ul style="list-style-type: none"> <li>unmarried</li> </ul>	●	●		●
<b>Stepchild, grandchild or step-grandchild</b>	To age 23	<ul style="list-style-type: none"> <li>unmarried</li> <li>living with you</li> <li>supported by you or your spouse (50%+)</li> <li>claimed as a tax dependent by you or your spouse</li> </ul>	●	●		●
<b>Domestic partner’s child or grandchild<sup>3</sup></b>	To age 23	<ul style="list-style-type: none"> <li>unmarried</li> <li>living with you</li> <li>supported by you or your domestic partner (50%+)</li> <li>claimed as a tax dependent by you or your domestic partner</li> </ul>	●	●		●
<b>Legal ward enrolled 1/1/95 or after</b>	To age 18	<ul style="list-style-type: none"> <li>unmarried</li> <li>living with you</li> <li>supported by you (50%+)</li> <li>claimed as your tax dependent</li> </ul>	●	●		●
<b>Overage disabled child (except a legal ward) of Retiree</b>	Age 23 or older	<ul style="list-style-type: none"> <li>enrolled in a group medical plan before age 23 with continuous coverage and the incapacity must have begun before age 23;</li> <li>claimed as your dependent for income tax purposes or eligible for Social Security Income or Supplemental Security Income as a disabled person (the overage disabled child may be working in supported employment which may offset the Social Security or Supplemental Security Income);</li> <li>living with you if he or she is not your or your spouse’s natural or adopted child;</li> <li>unmarried</li> </ul>	●	●		●
<b>A child age 23 and above and incapable of self-support due to a mental or physical disability</b>						

1 If you are the surviving family member of a deceased retiree, you may not enroll a spouse or domestic partner.

2 “Related to you” refers to a family relationship legally acknowledged in the State of California. These relationships include: parents and children; ancestors and descendants of every degree (this means grandparents and grandchildren, great-grandparents and great-grandchildren, etc.); brothers and sisters; half-brothers and half-sisters; uncles and aunts; and nieces and nephews.

3 Domestic partner must be eligible for UC-sponsored health coverage.

# For More Information

During Open Enrollment, you may want to compare your current coverage with other options available to you, or to learn more about the plans UC offers. Sources of information include:

## The Internet

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

- The latest news on UC's plans, a step-by-step guide to Open Enrollment, publications, and links to useful sites
- **Medical Plan Wizard**—a ZIP code-based tool to help you find medical plans in your area
- Links to insurance carrier websites

## Insurance Carriers

You may ask insurance carriers to mail plan materials to you. Be sure to call early to allow sufficient mailing time. If you order too late, you may not receive the materials in time to help you with your decisions.

## UC Customer Service Center

If you need additional benefits assistance, please call the UC Customer Service Center at 1-800-888-8267, Monday–Friday, 8:30 am–4:30 pm (PST).

## Publications

You can find the following publications on the UC HR/Benefits website:

- *Group Insurance Eligibility Factsheet (for retirees)*
- *Dental Plan Summary (2005)*
- *UC's Medicare Factsheet*
- Evidence of Coverage (EOC) and plan booklets for most UC-sponsored plans

Copies of the EOC and plan booklets are also available directly from the carriers—see the phone numbers on page 25.

For some of these publications, only the 2004 version is currently available. The 2005 versions will be available on our website early next year.

# Plan Toll-Free Numbers and Open Enrollment Meetings

If you need information about plan coverage for a specific condition or prescription medication, a plan's service area, or plan providers, please call the plan directly. During Open Enrollment, you may reach plan representatives at the toll-free numbers below.

## Medical Plans

Core New Mexico (Blue Cross of California) . . . . .	1-888-209-7975
Health Net . . . . .	1-800-522-0088
Health Net/Seniority Plus . . . . .	1-800-596-6565
Kaiser Permanente—California . . . . .	1-800-464-4000
Kaiser Permanente/Senior Advantage . . . . .	1-800-443-0815
Kaiser Permanente—Mid-Atlantic	
Inside Washington D.C. metro area . . . . .	1-301-468-6000
Outside metro area . . . . .	1-800-777-7902
PacifiCare of California . . . . .	1-800-982-9993
PacifiCare of California/Secure Horizons . . . . .	1-800-610-2660
PacifiCare of Nevada . . . . .	1-800-347-8600
PacifiCare of Nevada/Secure Horizons . . . . .	1-800-610-2660
UnitedHealthcare Select EPO and Options PPO . . . . .	1-800-603-3816

## Dental Plans

Delta Dental . . . . .	1-800-777-5854
PMI . . . . .	1-800-422-4234

**Legal Plan** (ARAG Legal) . . . . . 1-800-828-1395

## Open Enrollment Meetings

Open Enrollment is from November 1 through 30, 2004.

Attending an Open Enrollment Retiree Meeting provides an excellent opportunity to talk to plan representatives and ask your benefits questions. Reference copies of plan materials will be on hand. Be sure to bring with you any Open Enrollment materials you have received in the mail.

Plan to attend a meeting that is convenient to you.

Reservations are not required, and parking is available although not necessarily free.

**If you need assistance, call the LANL Benefits**

**Office at 505-667-1806 or send an email to:**

**benefits@LANL.gov**

TIME/DAY	LOCATIONS
Wednesday, November 3 4:00–5:00	Los Alamos High School Dwayne Smith Auditorium 1300 Diamond Drive Los Alamos, NM 87544
Thursday, November 4 9:00–10:00	Cities of Gold Casino 10-A Cities of Gold Road Pojoaque Pueblo Santa Fe, NM 87506
Thursday, November 4 1:30–2:30	Marriot Pyramid 5151 San Francisco N.E. Albuquerque, NM 87109

### Participation Terms and Conditions

Your Social Security number will be requested only as needed by benefit plan administration for financial reporting and to verify your identity, in compliance with state and federal law.

If you participate in UC-sponsored plans, you agree to the following terms and conditions:

#### 1. Binding Arbitration

***Most of the medical plans that UC offers (including the Blue Cross of California plans, Health Net, Kaiser Permanente, PacifiCare, Western Health Advantage, Definity Health, UnitedHealthcare plans, and PacifiCare Behavioral Health), as well as the PMI dental plan, require resolution of medical malpractice and other disputes through binding arbitration. When you enroll in these plans, you agree that any dispute between you (and/or your enrolled family members) and the medical or dental plan must be submitted to binding arbitration. You agree to waive your right to a jury or court trial to resolve these disputes.*** For more information about each plan's arbitration provision, please see the appropriate plan booklet or call the plan.

2. You acknowledge and accept all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and UC's Group Insurance regulations.

3. If you enroll family members, the University and/or carrier may require proof of eligibility. Marriage or birth certificates, adoption papers, tax records, and the like may be requested. You agree to provide such documentation upon request.

4. If you enroll your eligible domestic partner and/or your partner's eligible child(ren) or grandchild(ren), you acknowledge that the UC/employer contribution for their medical and/or dental coverage may be considered your taxable income, subject to FICA (Social Security and Medicare) and federal and California state income tax withholding.

5. If you specifically ask UC representatives to intercede on your behalf with your insurance plan, you authorize the plan to release to the UC representatives pertinent health and personal information concerning you and/or your family member(s). University representatives will request and utilize only the minimum necessary health information required to assist you with your problem. In compliance with state privacy laws and federal laws, including HIPAA (Health Insurance and Portability and Accountability Act of 1996), in some instances you may be required to sign an authorization allowing UC to provide the insurance plan with relevant personal health information or authorizing the

insurance plan to release such information to the University representative.

6. You authorize deductions from your earnings to cover your monthly costs, if any, for the plans you have chosen for yourself and your eligible family members.

7. Actions you take during Open Enrollment will be effective the following January 1, unless otherwise stated.

8. You certify that all enrolled family members are eligible for coverage based on the definitions and rules specified in the *UC Group Insurance Eligibility Factsheet*. You agree that you will de-enroll them within 31 days if they lose eligibility. You further certify that all the information you provide is true to the best of your knowledge, under penalty of perjury.

9. Making false statements about satisfying eligibility criteria, failing to notify the University of loss of eligibility within 31 days, or failing to provide documentation when requested will lead to de-enrollment of the family members and possible legal action. In addition, employees/retirees will be subject to disciplinary action (e.g., loss of health benefits for up to 18 months) and will be responsible for any employer contributions to and benefits paid by the plan for the ineligible coverage.



By authority of the Regents, University of California Human Resources and Benefits, 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 (1-800-888-8267). 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. Contact your Human Resources Office for more information.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

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 Director of Diversity and Employee Programs, University of California Office of the President, 300 Lakeside Drive, Oakland, CA 94612 and for faculty to Director of Academic Affirmative Action, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

Website address: <http://atyourservice.ucop.edu>



University of California  
Human Resources and Benefits  
P.O. Box 24570  
Oakland, CA 94623-1570

