

COBRA Continuation of Group Coverage

Mailing Addresses and Premium Information Effective: January 1, 2009–December 31, 2009

If you elect COBRA continuation coverage, you must pay the monthly premiums shown below for your appropriate coverage level. The rates listed below are for 2009.

You must elect StayWell separately; it will not automatically be included with your medical plan.

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.

Please see the UC HR/Benefits website (atyourservice.ucop.edu) or call your Benefits Office or the UC Customer Service Center (1-800-888-8267) for more information.

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)
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<p>Anthem Blue Cross PLUS <i>(Available only to those who live or work in plan's service area)</i> Anthem Blue Cross of California Anthem Blue Cross UC Customer Service P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975</p>	\$530.64	\$955.17	\$1,114.36	\$1,538.86
<p>Anthem Blue Cross PPO Anthem Blue Cross of California Anthem Blue Cross UC Customer Service P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975</p>	\$527.79	\$950.03	\$1,108.35	\$1,530.59
<p>CIGNA Choice Fund CIGNA Healthcare 1 Front Street, Suite 700 San Francisco, CA 94111 Attn: UC COBRA Services 1-888-802-4462 Fax: 860-298-2443</p>	\$298.66	\$537.58	\$627.18	\$866.09
<p>Core Medical Plan Anthem Blue Cross of California Anthem Blue Cross UC Customer Service P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975</p>	\$51.00	\$91.80	\$108.12	\$148.92

Medical Program

MONTHLY PREMIUM INFORMATION
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	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
Health Net <i>(Available only to those who live in plan's service area)</i> Membership Department 11971 Foundation Place C-MS 903-02-02 Rancho Cordova, CA 95670 Attn: COBRA Direct Pay 1-800-977-2207 Fax: 916-935-3801 Group Policy No. 50478 (Include policy no. on envelope)	\$431.67	\$777.02	\$906.51	\$1,251.86
Kaiser Foundation Health Plan, Inc.—California For Kaiser North: <i>(Available only to those who live or work in plan's service area)</i> CONEXIS P.O. Box 226101 Dallas, TX 75222-6101 1-877-722-2667 Fax: 1-866-857-1144 Group Policy No. 7-5000	\$376.20	\$677.16	\$790.01	\$1,090.97
For Kaiser South: <i>(Available only to those who live or work in plan's service area)</i> CONEXIS P.O. Box 226101 Dallas, TX 75222-6101 1-877-722-2667 Fax: 1-866-857-1144 Group Policy No. 1026XX-36	\$376.20	\$677.16	\$790.01	\$1,090.97
Kaiser Foundation Health Plan, Inc.—Mid-Atlantic Plan <i>(Available only to those who live or work in plan's service areas in MD, VA, or DC)</i> 2101 E. Jefferson St. Rockville, MD 20852 Attn: Membership Accounting 1-301-816-5738 Group Policy No. 15050-0	\$464.38	\$835.88	\$975.19	\$1,346.69

Medical Program

MONTHLY PREMIUM INFORMATION
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	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
Western Health Advantage (Available only to those who live or work in plan's service area) COBRA Enrollment 2349 Gateway Oaks, Suite 100 Sacramento, CA 95833-9773 1-916-563-2250 or 888-563-2250 Fax: 916-568-0331 Group Policy No. 00-1021 Group Policy No. 00-1121 (retirees)	\$437.28	\$787.11	\$918.30	\$1,268.13

Wellness Program (StayWell)

CONEXIS P.O. Box 226101 Dallas, TX 75222-6101 1-877-722-2667 Fax: 1-866-857-1144	\$11.10	\$11.10	\$18.19	\$18.19
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Dental Program

Delta Dental PPO Wolfpack Insurance Services P.O. Box 833 Belmont, CA 94002-0833 Attn: COBRA 1-800-296-0192 Fax: 650-591-4022 Group Policy No. 4999	\$42.32	\$86.40	\$79.50	\$141.46
DeltaCare® USA (Available only to California residents) Eligibility Administration 12898 Towne Center Drive Cerritos, CA 90703 Attn: Eligibility Administration 1-800-422-4234	\$20.91	\$36.04	\$35.88	\$51.02

Vision Program

VSP COBRA Administrator 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	\$13.72	\$13.72	\$13.72	\$13.72
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Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
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Health FSA

CONEXIS

P.O. Box 226101
Dallas, TX 75222-6101
1-877-722-2667
Fax: 1-866-857-1144

Your contribution plus 2 percent