

Important Information for University of California COBRA Beneficiaries

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 domestic partner, or your dependents lose group medical, dental, vision, Health FSA, or your local Employee Assistance Program coverage because you:

- Terminate employment (for reasons other than gross misconduct);*
- Reduce your work hours below the eligible status for these benefits or transfer to a position which is ineligible for these benefits;*
- Die, divorce, or are legally separated;*
- Have a child or other covered family member who ceases to be an eligible family member under UC's rules.*

COBRA continuation coverage is identical to the UC-sponsored coverage you and/or your dependents had immediately prior to qualifying for COBRA coverage except you pay the full cost; there is no UC contribution. See the last page of this document for the COBRA rates. Note that these rates include the 2% COBRA administrative fee. (Employee Assistance Program rates not included – CONEXIS will provide these rates in your election materials).

You may continue coverage under COBRA for up to 18 months if you terminate employment or you lose eligibility for UC-sponsored health plans (due to transfer to an ineligible position or if your average hours worked fall below 17.5 hours per week). Your family members generally may continue coverage for up to 36 months if they lose coverage because: a) the family member loses eligibility (e.g., turns age 26) or b) you divorce, legally separate, get an annulment, end a domestic partnership, or die.

CONEXIS handles COBRA administrative services for UC. If you lose coverage because of a qualifying event, CONEXIS will send a COBRA election packet and handle your enrollment and monthly billing.

CONEXIS Contact Information

The CONEXIS Participant Services department is available Monday through Friday, 5:00 am – 5:00 pm (PST); you may call toll free 877-722-2667. Or, register and log in to your account at <http://mybenefits.conexis.com>, 24 hours a day.

COBRA Election Notice

CONEXIS will mail you the COBRA Election Notice within four business days of your qualifying event, as long as the University has reported your event. For example, if you are terminated on March 15, your coverage will continue through April 31. Although the University reports termination events to CONEXIS twice a month (on the 3rd and the 18th), your location's payroll processing deadlines can impact when your information is transmitted to CONEXIS. Depending on when your termination is processed, your information could be reported to CONEXIS on either the 3rd or the 18th of the month. CONEXIS will mail the Election Notice within four days of receiving information from UC.

In those instances where you are required to notify the University of loss of coverage, when you notify UC can affect the timing. For example, if your child turns age 26, you have 60 days to notify UC if you wish to request COBRA by completing a UBEN109 form and submitting it to your department or payroll office. If your child turns age 26 on March 20, your child's coverage ends on March 31. If you do not notify UC of your request for COBRA until April 20 and UC notifies CONEXIS on April 21, CONEXIS will mail your Election Notice within four business days of April 21.

Online Election

Regardless of when CONEXIS mails your Election Notice, once UC has reported your event to CONEXIS, you can log in to the CONEXIS website (<http://mybenefits.conexis.com>) at any time after your “qualifying event” (e.g., the day of the event which caused you to lose coverage) and see your Election Notice online. If your Election Notice has been issued, you can also elect and pay for COBRA online.

UC is not able to provide you with an advance copy of your Election Notice – you must wait to receive the information from CONEXIS. If you lose your copy, you can view and print your Election Notice by logging in to your account at www.conexis.com. Although there is some disruption which is unavoidable in this transition from UC’s “active” coverage to your own COBRA account, please be assured that if you elect and pay for COBRA within the required timeframe, you will not be without coverage, although you may need to work with your doctor’s office and your plans to resolve claim issues once your coverage is in place. You have 60 days to elect COBRA after your Notice is mailed and coverage is always retroactive to your last day of coverage. You must pay COBRA premiums directly to CONEXIS, and CONEXIS will then report your eligibility to the individual health plans. It is important to understand that under COBRA, you cannot be provided with coverage until your payment is received.

Monthly Invoice

Generally, the monthly invoice is mailed by CONEXIS to COBRA participants around the 15th of the previous month. CONEXIS will not report you as eligible to the health plan until you pay. Once you pay CONEXIS, there may be a delay in your health plan receiving your information as CONEXIS sends eligibility lists to the health plans weekly.

What if I Need Health Care Services Right Away?

If you need coverage from your health plan during the period between when you have paid and when your plan has received and processed its eligibility list, call CONEXIS and ask for the participant services representative to process an urgent eligibility update for you. Do not call your health plan or the University as only CONEXIS can confirm your payment and eligibility. CONEXIS will coordinate directly with your health plan.

2011 COBRA RATES

| <u>MEDICAL PLANS</u> | Non-Medicare | | | | Medicare | | | Split-Medicare | | | |
|---|--------------------|---------------------------------------|-------------------------|----------------------|--------------------|------------------------|----------------------|---|--|---|--|
| | <u>U</u> Single | <u>UC</u> Adult plus Child(ren) | <u>UA</u> Two Adults | <u>UAC</u> Family | <u>M</u> Single | <u>MM</u> Two Party | <u>MMM</u> Family | <u>MA</u> Two Adults, one with Medicare | <u>MC</u> Adult plus Child(ren), adult with Medicare | <u>MAC</u> Family, one adult with Medicare | <u>MMC</u> Family, 2 adults with Medicare |
| Anthem Blue Cross PLUS | 644.50 | 1,160.10 | 1,353.44 | 1,869.05 | 395.78 | 791.56 | 1,187.34 | 1,104.72 | 911.38 | 1,620.33 | 1,307.17 |
| Anthem Blue Cross PPO | 689.62 | 1,241.32 | 1,448.21 | 1,999.90 | 356.72 | 713.45 | 1,070.17 | 1,115.31 | 908.42 | 1,667.01 | 1,265.15 |
| Anthem Lumenos PPO with HRA | 431.31 | 776.35 | 905.74 | 1,250.80 | 419.65 | 839.30 | 1,258.95 | 894.08 | 764.69 | 1,239.14 | 1,184.35 |
| Core | 72.11 | 129.81 | 151.44 | 209.13 | 153.83 | 307.65 | 461.48 | 233.15 | 211.52 | 290.84 | 365.34 |
| Health Net HMO | 577.96 | 1,040.34 | 1,213.72 | 1,676.09 | 343.09 | 686.17 | 1,029.26 | 978.84 | 805.46 | 1,441.22 | 1,148.55 |
| Health Net Blue & Gold HMO & EPO | 524.39 | 943.91 | 1,101.22 | 1,520.74 | 343.09 | 686.17 | 1,029.26 | 919.92 | 762.60 | 1,339.43 | 1,105.69 |
| Kaiser Permanente – CA | 431.14 | 776.06 | 905.40 | 1,250.32 | 239.87 | 479.75 | 719.62 | 714.13 | 584.79 | 1,059.05 | 824.65 |
| Kaiser Umbrella | 623.34 | 1,122.02 | 1,309.02 | 1,807.70 | 241.69 | 483.38 | 725.07 | 927.36 | 740.37 | 1,426.04 | 982.06 |
| Western Health Advantage | 517.36 | 931.26 | 1,086.46 | 1,500.36 | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| PPO Medicare No Rx | N/A | N/A | N/A | N/A | 153.83 | 307.65 | 461.48 | N/A | N/A | N/A | N/A |
| High Option Supplement to Medicare | N/A | N/A | N/A | N/A | 457.78 | 915.55 | 1,373.33 | N/A | N/A | N/A | N/A |

| <u>DENTAL/VISION PLANS</u> | Active Employees | | | | Retirees | | | |
|----------------------------|--------------------|---------------------------------------|-------------------------|----------------------|--------------------|---------------------------------------|-------------------------|----------------------|
| | <u>U</u> Single | <u>UC</u> Adult plus Child(ren) | <u>UA</u> Two Adults | <u>UAC</u> Family | <u>U</u> Single | <u>UC</u> Adult plus Child(ren) | <u>UA</u> Two Adults | <u>UAC</u> Family |
| Delta Dental PPO | 44.84 | 92.46 | 84.24 | 151.15 | 44.84 | 92.46 | 84.24 | 151.15 |
| DeltaCare USA DHMO | 22.83 | 39.81 | 39.18 | 56.17 | 22.83 | 39.81 | 39.18 | 56.17 |
| Vision Service Plan | 13.85 | 13.85 | 13.85 | 13.85 | 14.55 | 27.73 | 27.48 | 33.96 |