

COBRA Continuation of Group Coverage

Mailing Addresses and Premium Information Effective: January 1, 2006–December 31, 2006

- If you're changing medical or dental plans or enrolling in another program (medical, dental, vision plan), 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.
- 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.
- **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 Blue Cross UC Customer Service P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975	\$422.06	\$759.70	\$886.32	\$1,223.96
Blue Cross PPO <i>(Available only to employees and retirees who were employed at California locations)</i> Blue Cross Blue Cross UC Customer Service P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975	\$453.81	\$816.86	\$953.00	\$1,316.04
Core Medical Plan (California) Blue Cross Blue Cross UC Customer Service P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975	\$48.96	\$87.72	\$103.02	\$141.78

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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Definity Health—California <i>(Available only to UCSB and UCSF employees)</i>	\$328.48	\$591.26	\$689.81	\$952.60
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Please contact your Benefits Office for more information.

Health Net	\$318.34	\$573.02	\$668.52	\$923.19
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Membership Department
 11971 Foundation Place
 C-MS 903-02-02
 Rancho Cordova, CA 95670
 Attn: COBRA Direct Pay
 800-977-2207
 Fax: 916-935-3801
 Group Policy No. 50478
 (Include policy no. on envelope)

High Option Plan <i>(Available only to those who are currently enrolled)</i>	\$2,007.36	\$3,120.18	\$3,789.30	\$4,903.14
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Blue Cross
 P.O. Box 629
 Woodland Hills, CA 91365
 1-888-209-7975

Kaiser Foundation Health Plan, Inc.—California For Kaiser North:	\$296.27	\$533.29	\$622.17	\$859.18
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Kaiser Permanente
 Attn: DPA
 P.O. Box 23059
 San Diego, CA 92193-3059
 1-888-236-4490
 Fax: 858-614-3344
 Group Policy No. 7-5000

For Kaiser South:	\$296.27	\$533.29	\$622.17	\$859.18
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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

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)
Kaiser Foundation Health Plan, Inc.— Mid-Atlantic Plan <i>(Available only to those living in plan's service area)</i> 2101 E. Jefferson St. Rockville, MD 20852 Attn: Membership Accounting 1-301-816-5738 Group Policy No. 15050-0	\$365.60	\$658.07	\$767.75	\$1,060.24
PacifiCare of California Subscriber Receivables 5701 Katella Ave. MS CY24-397 Cypress, CA 90630-5019 1-800-861-6611, option 6, option 2 Fax: 714-226-5947 Group Policy No. 100952	\$304.48	\$548.07	\$639.41	\$882.99
PacifiCare of Nevada Desert Regional Service Ctr. Attn: Robert Plummer 4601 E. Hilton Ave. Phoenix, AZ 85034 1-480-377-5262 Fax: 866-279-2593 Group Policy No. 87205	\$514.32	\$925.78	\$1,080.08	\$1,491.55
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)	\$318.69	\$573.64	\$669.24	\$924.20

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)
Dental Program				
Delta Dental Plan of California	\$36.70	\$74.44	\$68.52	\$121.59
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				
PMI DeltaCare	\$20.83	\$35.99	\$35.74	\$50.83
(Available only to California residents) Eligibility Administration 12898 Towne Center Drive Cerritos, CA 90703 Attn: Eligibility Administration 1-800-422-4234				
Vision Program				
VSP	\$13.74	\$13.74	\$13.74	\$13.74
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				