Open Enrollment and Benefits Plans Overview for 2015 for Benefits Administrators

Janet Suko, Benefits Program Coordinator
Sharon Johnson, Benefits and Leaves Supervisor

October 2014
Today’s Topics

- Introduction
- Open Enrollment Administration
- Benefit Changes for 2015
- Medical Plans for 2015
- Other Health and Welfare Plans
- Making Open Enrollment Changes Online
- Resources
Open Enrollment Administration
HUMAN RESOURCES

➢ October 30th, 8:00 a.m. – November 25th, 5:00 p.m.
➢ Faculty, Staff and Retirees make Open Enrollment changes online
  • Use the At Your Service Online website to make changes
  • Faculty and Staff who are BELIs 1, 2, 3 & 4
➢ Faculty and Staff **must re-enroll** in Flexible Spending Accounts for participation in 2015
  • Dependent Care Flexible Spending Account (DepCare FSA)
  • Health Flexible Spending Account (Health FSA)
    • Not eligible if enrolling in Blue Shield PPO with HSA
➢ **Confirm your choices online!!!**
  • Keep your confirmation statement
➢ Employees are responsible for reporting any mistakes in a **timely manner**
  • Check your December 17th or January 1st pay statement!
October 30th, 8:00 a.m. – November 25th, 5:00 p.m.

Changes are effective January 1, 2015

Full information sent to all Postdocs via email from Sam Castaneda in VSPA

Make changes on Garnett-Powers (GPA) website
- Go to ucnet.universityofcalifornia.edu or www.garnett-powers.com
- If online enrollment is not an option Postdocs can use the Enrollment, Change, Cancellation or Waiver form located on the GPA website
- Rates will be available on the GPA website

Open Enrollment presentation by Garnett-Powers
- Tentative November 6, 2014
Open Enrollment Actions

- Enroll in or change medical, dental or legal plan
- Enroll eligible family members in medical/dental/vision/legal
- **Re-enroll** or enroll in the DepCare FSA and/or the Health FSA, if eligible
- Opt into or out of medical, dental, vision plans and/or TIP
Open Enrollment Communications

**Human Resources**

- **Open Enrollment information**
  - Faculty and Staff hired and entered into HCM before 8/31/14: Open Enrollment information booklet to home address
    - Faculty and Staff hired and/or entered into HCM after 8/31/14: Help them find the Open Enrollment information; give employee copy of booklet and guide them to website information
  - Core employees get a separate mailing

- **Open Enrollment posters**
  - Please post in your department
  - Remind employees that Open Enrollment ends November 25th at **5:00 p.m.**

- **Open Enrollment email announcements**
  - Forward to those who have email
  - Please print messages and distribute to employees who do not use computers or email at work
Open Enrollment Information

- Cal Messages will go out October 20th
- **HR web** (campus specific information)
  - [http://hrweb.berkeley.edu](http://hrweb.berkeley.edu)
    - Choose “Open Enrollment for 2015” under “Important News”
    - Link to **UCnet**
- **UCnet** website
  - [http://ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu)
  - Choose the Open Enrollment icon on home page
  - Direct employees here for full Open Enrollment information and to take action
    - Highlights in Spanish
- All changes effective January 1, 2015
Information Sessions

• Faculty/Staff/Non-Medicare Retiree Information Sessions
  – October 28th, 10:00 a.m. – 12:00 p.m.
  – November 6th, 10:00 a.m. – 12:00 p.m.

• Medicare Retiree Information Session
  – October 30th, 10:00 a.m. – 12:00 p.m.

• Emeriti Session
  – November 5th, 10:00 a.m. – 12:00 p.m.

All presentations will be held in 150 University Hall
Medical Plan Information Day

• Date
  – Friday, November 7, 2014

• Location: Freight and Salvage Coffee House
  – 2020 Addison Street, Berkeley

• Time of Event
  – 10:00 a.m. to 3:00 p.m.

• Health and Welfare plans will be available to answer questions
Individual Appointments

For all Faculty, Staff and Retirees

15-minute phone appointments will be available

- November 4th, 8:00 a.m. – 5:00 p.m.
- November 14th, 8:00 a.m. – 5:00 p.m.
- November 21st, 8:00 a.m. – 5:00 p.m.

Please call 510-642-7053 to schedule your personal 15-minute phone appointment

Computer assistance is available for help with Open Enrollment actions at 192 University Hall
If you do nothing...

- Participation in the **DepCare FSA and/or the Health FSA plans ends 12/31/14.**
  - To continue FSA participation in 2015, you must re-enroll during **Open Enrollment.**

- All other Health and Welfare Plans will remain the same.
• Employee contributions toward medical plan premiums continue to be based on salary
  – UC wants health coverage to be affordable for all employees; Lower-paid employees pay less for their health coverage than higher-paid employees

• Medical Contribution Base (MCB)
  – Employee’s premium for 2015 based on January 1, 2014 base salary rate or hire date, if later
  – For those with two appointments, MCB is based on 100% of the higher salary
  – Full-time salary is defined as monthly salary payable through the University

• Premiums remain the same all year even if salary changes
Salary Bands for 2015

- 2015 Salary or Pay Bands
  - $51,000 and below
  - $51,001 – $101,000
  - $101,001 – $152,000
  - $152,001 and Over

- Pay Bands and Premium Rates are subject to collective bargaining
  - Some units still covered under prior years’ pay bands and/or premium rates (2014)

- Rate Chart handout
Benefit Plan Changes for 2015
Additional Medical Plan for 2015

- Western Health Advantage – WHA
- Expanded to Napa, Sonoma and Marin Counties
- Potentially serving employees at:
  - UCB, UCSF, LBL, Hastings and UCOP
- **Meritage Medical Network**
  - 197 PCP’s
  - 455 specialty providers

**Six Hospitals**
- Santa Rosa Memorial
- Healdsburg District
- Queen of the Valley
- Sonoma Valley
- Petaluma Valley
- Marin General
<table>
<thead>
<tr>
<th>Available through</th>
<th>Current</th>
<th>2015</th>
</tr>
</thead>
</table>
| Mail order pharmacy | ▪ Mail order pharmacy  
▪ UC Owned Outpatient Pharmacies | ▪ Current plus...  
▪ **UC Care & Blue Shield Plans**: Safeway/Vons, Walgreens, Costco and others  
▪ **Health Net Blue & Gold**: CVS  
▪ **WHA**: Walgreens, CVS, Costco, and others |
<p>| Cost Sharing | Members pay two copayments (rather than three) | Same as current |</p>
<table>
<thead>
<tr>
<th></th>
<th>CURRENT</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Net Blue &amp; Gold; WHA</td>
<td>▪ Not covered</td>
<td>▪ $20 copay, 24 visits yearly (combined)</td>
</tr>
<tr>
<td></td>
<td>▪ Only acupuncture through Kaiser provider is covered ($20 Copay)</td>
<td>▪ $15 copay for acupuncture or chiro, 24 visits yearly for self-referral (combined); or $20 copay through Kaiser provider for acupuncture only</td>
</tr>
<tr>
<td>Kaiser</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UC Care &amp; HSP</td>
<td>▪ Chiro/Acupuncture covered (BSC Network)</td>
<td>▪ UC Care aligning coinsurance for chiropractic services to match other services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>▪ Both Chiro and Acupuncture subject to $500 maximum</td>
<td>▪ Eliminate $500 maximum; 24 visits yearly (combined)</td>
</tr>
</tbody>
</table>
| Subcontracted Specialty Vendors | ▪ Health Net Blue & Gold and Kaiser Permanente: American Specialty Health  
▪ WHA: Landmark            |                                                |
### Chiropractic – UC Care

<table>
<thead>
<tr>
<th>Covered Service</th>
<th>UC Select</th>
<th>Blue Shield Preferred</th>
<th>Non-Preferred (out-of-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Services (up to 24 visits per calendar year combined with Acupuncture visits)</td>
<td>N/A (services covered under Blue Shield Preferred)</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>NEW FOR 2015:</strong> Aligning member out-of-network coinsurance to match all other coinsurance amounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Services (up to 24 visits per calendar year combined with Acupuncture visits)</td>
<td>N/A (services covered under Blue Shield Preferred)</td>
<td>20%</td>
<td>50%</td>
</tr>
</tbody>
</table>
2015 Mandate:
- Member Rx cost must accrue towards meeting Out-of-Pocket (OOP) Maximum.

Plans changing to meet mandate:
- **Health Net Blue & Gold and WHA**
  - Combined Medical and Rx OOP: $1,000 single/$3,000 family

- **Kaiser Permanente**
  - Combined Medical and Rx OOP: $1,500 single/$3,000 family

- **UC Care updates described on next slide.**

- Blue Shield HSP and Core currently comply.
Mandated Out of Pocket Max – UC Care

CURRENT
- There is only one Out of Pocket Maximum: Medical.
- No Rx out of pocket max.
- OOP max (individual/family)
  - UC Select: $1,500/$4,500
  - Preferred: $3,000/$9,000
  - Non-Preferred: $5,000/$15,000

NEW FOR 2015
- UC Care will have two separate Out of Pocket Maximums: Medical and Rx.
  - Medical: No change to OOP max amounts.
  - Rx: Rx OOP max for Participating Pharmacies is $3,600/$4,200.
Other Mandated Changes

- **Nicotine Replacement OTC Products**
  - 2015 will be covered at no cost (currently $5 generic copay)
  - Kaiser and WHA currently compliant

- **Women’s Preventive Health**
  - Cancer risk reducing medications (e.g., Tamoxifen or Raloxifene) for women at increased risk of breast cancer.
  - 2015 will be covered at no cost
  - WHA currently compliant
Mandated: Health Savings Plan Limits

- Affects Health Savings Plan (Blue Shield).
- IRS annually increases definition of “high deductible” and Health Savings Account maximum annual contribution amounts.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Family</td>
<td>$1,250</td>
<td>$1,300</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$2,500</td>
<td>$2,600</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Out-of-pocket max</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Family</td>
<td>$4,000</td>
<td>$4,000</td>
<td>No change</td>
</tr>
<tr>
<td>Family</td>
<td>$6,400</td>
<td>$6,400</td>
<td></td>
</tr>
<tr>
<td><strong>Max Contribution</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Family</td>
<td>$3,300</td>
<td>$3,350</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td>$6,550</td>
<td>$6,650</td>
<td>$100</td>
</tr>
</tbody>
</table>
Teladoc – Blue Shield

Telemedicine services available by phone, mobile applications or online video

- Board certified physicians 24/7/365
- **UC Care**: $20 copay (copay does NOT count towards deductible, does count towards OOP)
- **Core and Health Savings Plan**: $40 copay until deductible met and then 20% coinsurance after (copay counts towards deductible and OOP)

**Top 10 Diagnoses**

- Sinus Problems
- Urinary Tract Infection
- Pink Eye
- Bronchitis
- Upper Respiratory Infection
- Nasal Congestion
- Allergies
- Flu
- Cough
- Ear Infection

**Prescription Management**

- Electronic prescribing (SureScripts) or by phone, if needed
- Use of antibiotics limited to short durations
- No prescribing of DEA-controlled substances, medication for psychiatric illness, or lifestyle drugs
- Generic drugs are automatically recommended
## Emergency – UC Care

### Covered Service | UC Select | Blue Shield Preferred | Non-Preferred (out-of-network)
---|---|---|---
**CURRENT**
Emergency facility (not resulting in an admission) | $100 per visit | $100 per visit (not subject to the calendar year deductible) | $100 per visit (not subject to the calendar year deductible)
ER Physician Services | 20% | 20% (not subject to the calendar year deductible) | 20% (not subject to the calendar year deductible)

**NEW FOR 2015:** Combining ER facility and Physician services as one fixed copay amount

<table>
<thead>
<tr>
<th>Covered Service</th>
<th>UC Select</th>
<th>Blue Shield Preferred</th>
<th>Non-Preferred (out-of-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency facility (not resulting in an admission)*</td>
<td>$200 per visit</td>
<td>$200 per visit (not subject to the calendar year deductible)</td>
<td>$200 per visit (not subject to the calendar year deductible)</td>
</tr>
<tr>
<td>ER Physician Services</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
</tbody>
</table>

* For ER Services resulting in admission – no change; remains $250 copay.
# Ambulance – UC Care

<table>
<thead>
<tr>
<th>Covered Service</th>
<th>UC Select</th>
<th>Blue Shield Preferred</th>
<th>Non-Preferred (out-of-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>N/A</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>(services covered under Blue Shield Preferred)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEW FOR 2015: Changing from coinsurance to a flat copay</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>N/A</td>
<td>$200 per transport</td>
<td>$200 per transport</td>
</tr>
<tr>
<td>(services covered under Blue Shield Preferred)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Vaccinations – UC Care

Coverage for the following vaccinations:
tetanus, whooping cough (pertussis) pneumococcal, meningococcal, cervical cancer (HPV) and shingles (herpes zoster).

CURRENT
Covered at a $0 copay
- Per medical plan Preventive Health Benefits (based on age and gender requirements)
- Services received from an in-network physician

NEW FOR 2015
Covered at a $0 copay
- Per medical plan Preventive Health Benefits (based on age and gender requirements)
- Allow adults to receive services from an in-network physician or in-network pharmacy
RX – Mandatory Generics

- Generic will automatically be dispensed
- Brand-name drug when generic is available costs member: $5 generic copay* + (brand price – generic price)
- Brand available if medically necessary (e.g., allergic to inactive ingredient)
  - Pre-authorization required to determine if medically necessary
  - DAW, DNS or similar wording does NOT = medically necessary
  - Member pays brand copay*

* For Blue Shield Health Savings Plan & Core - When a generic drug is available and you choose the brand-name drug, you must pay coinsurance on the cost of the generic drug plus the difference between the cost of the brand-name drug and the generic equivalent. With prior authorization, exceptions for medical necessity can be made and you pay coinsurance on the cost of the brand-name drug.
Medical Plans for 2015
Open Enrollment for 2015

- Encourage faculty and staff to read Open Enrollment booklet and look at 2015 rates

- Faculty and staff must make sure they are enrolled in the medical plan that best meets their needs

- Events:
  - Employee and Retiree Information Sessions
  - Telephone Appointments
  - Medical Plan Information Day
Eligible Family Members

• Please remind faculty and staff:
  – To check that all enrolled family members meet eligibility criteria

• Audit for proof of dependents’ eligibility
  – Severe penalties apply if UC finds ineligible family members on employees’ plans

• Over-aged Disabled Child
Overview of Medical Plans

- HMO
  - Health Net Blue & Gold
  - Kaiser
  - Western Health Advantage

- PPO
  - Blue Shield Health Savings Plan
  - UC CARE
  - CORE

Behavioral Health Program
- OPTUM – No changes

Wellness Program
- UC Living Well
- Kaiser Healthworks and My Health Manager
What is an HMO Plan?

- Health Maintenance Organization (HMO)
  - You pay a copayment for some products and services
  - No claim forms; no annual deductible
- You must live or work in plan’s service area
- You must receive services from network providers
  - You select a Primary Care Physician (PCP) who coordinates your care
  - Preauthorization required for services and specialists
- Out-of-area: emergency services only
- Standardized benefits
- Managed care
Health Net Blue & Gold
Health Net Blue & Gold HMO

**Alta Bates Medical Group participating**
- Alta Bates-Summit Hospital, Berkeley
- Summit Medical Center, Oakland
- All PCPs and Specialists

**All UC Medical Groups/Medical Centers included**

**For additional Provider listings, go to**
[https://www.healthnet.com/portal/member/content/iwc/mysites/uc/provider_search_tips.action](https://www.healthnet.com/portal/member/content/iwc/mysites/uc/provider_search_tips.action)

**Sutter East Bay Medical Foundation and Brown & Toland are not participating**
Health Net Blue & Gold and the Tang Center

- As of December 31, 2014, no longer participating
- Does not affect Occupational Health
Telehealth by MDLIVE

- Health Net has partnered with MDLIVE to make care more accessible and convenient.
- MDLIVE has a national network of board-certified physicians who provide quality care through phone, online video, secure email consultations anytime, anywhere.
- No copay (100% covered) to use MDLIVE.
- Examples of when a UC member would use this service:
  - Considering whether to use the ER or urgent care center for a non-emergency medical issue.
  - Your primary care physician or urgent care options are not available.
  - Travelling and in need of medical consultation.
Kaiser Permanente
Kaiser Permanente

- Value plan
- One-stop service
- Seamless technology
- Preventive care
- Healthy Lifestyle programs
Western Health Advantage
WHA

Human Resources

• Affiliated with leading hospitals and doctors

• Advantage Referral

• 24/7 travel assistance service
  – Assist America

• 24/7 nurse advice
  – NURSE24

• Online resources
  – MyWHA.org

Berkeley HR
What is a PPO Plan?

PPO = Preferred Provider Organization

- Offer a broad network of providers and allows flexibility to see non-network providers
- Don’t need a referral to see specialist
- Pay less if you use a provider in the network
- You pay nothing for preventive care (in-network)
- Separate annual deductibles for in-network and out-of-network benefits
- Separate annual out-of-pocket maximums
UC CARE (PPO) Plan
UC CARE

Created for UC employees and non-Medicare retirees

Can get care from UC physicians and medical centers and the entire Blue Shield Preferred network of providers, and out-of-network providers

Has choice and convenience built-in, so you have the flexibility to use providers where and when you need them

Administered by Blue Shield of California
The vision of UC CARE

- Opportunity to impact the health of our employees and their families, while at the same time fulfilling our mission to serve
- Leverage UC Health to benefit employees and the University:
  - Offer a preferred discount for UC Care participants
  - Offer a plan design that drives increased usage of UC medical centers
- Provide UC employees and their families with greater choice and flexibility in plan design
- Provide UCOP with greater flexibility in provider contracting
Differences across locations

- A customized network of UC facilities and other high quality, low cost providers because every campus does not have a UC facility nearby

In-network

- UC Select
- Blue Shield Preferred
- BlueCard network coverage outside of CA and the U.S.

Out-of-network

- PPO providers not contracted within UC Select and Blue Shield Preferred
UC CARE Network Snapshot

UC Select
- All UC medical centers, facilities and physicians
- Additional select Blue Shield providers in areas where UC medical centers and physicians may not be accessible
  - Chosen based on quality, location, cost and contracts (with Blue Shield)

Blue Shield Preferred Network
- 376 hospitals
- 22,061 primary care physicians
- 50,197 specialists

BlueCard Network coverage outside of CA and the U.S.
UC CARE – In Network

UC Care combines the predictable out-of-pocket costs of HMOs and the broad network access of PPOs

• Predictable out-of-pocket costs | UC Select
  - Use UC and other high quality, low cost providers
  - Pay set copayments for covered services
  - No deductible

• Broad network access | Blue Shield Preferred
  - Check website to see other providers in the greater Blue Shield Preferred network
  - Pay a deductible and a share of set costs for covered services through coinsurance

• UC Select and Blue Shield Preferred make up in-network providers
UC Care also provides coverage for out-of-network providers

- Select an out-of-network provider
  - Have a higher deductible
  - Pay a higher share of costs until the out-of-pocket maximum is met
# UC Berkeley Select Providers

<table>
<thead>
<tr>
<th>UC Select Providers</th>
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</thead>
<tbody>
<tr>
<td>Children's Hospital and Research Center at Oakland</td>
</tr>
<tr>
<td>San Ramon Regional Medical Center</td>
</tr>
<tr>
<td>Sutter - Alta Bates Herrick Campus</td>
</tr>
<tr>
<td>Sutter - Alta Bates Summit Medical Center - Alta Bates Campus</td>
</tr>
<tr>
<td>Sutter - Alta Bates Summit Medical Center - Summit Campus</td>
</tr>
<tr>
<td>Sutter Delta Medical Center (Antioch)</td>
</tr>
<tr>
<td>Sutter Eden Hospital (Castro Valley)</td>
</tr>
<tr>
<td>ValleyCare Medical Center</td>
</tr>
<tr>
<td>Marin General</td>
</tr>
</tbody>
</table>

- Some providers were excluded from UC Select—here’s why:
  - John Muir – Lower cost alternative providers available within the area
  - Washington Hospital – Lower cost alternative providers available within the area
If you move outside California....

Nationwide and Worldwide plans

- UC Care
- Blue Shield PPO with HSA
- CORE
This plan is a high-deductible PPO plan paired with a tax-advantaged health savings account (HSA).

- UC contributes $500 individual or $1,000 family
- You can contribute to your HSA and those contributions are pre-taxed
- When you use the account for qualified medical expenses, those withdrawals are tax-free
- If you use the Blue Shield network you first pay the deductible ($1300 individual or $2600 family) and once you meet the deductible you share the costs of services with the plan through coinsurance.
- You can use the HSA to pay for health care costs during the year including your deductible and it has no use-it-or lose it restrictions
- Can’t enroll in the Health Flexible Spending Account
Blue Shield’s Health Savings Plan and financial accounts

A Health Savings Plan

- Medical plan similar to your prior HRA
- Designed with predictable deductibles that apply to the out-of-pocket maximum
- Powered by a Health Saving Account (HSA)

Post Deductible Health Reimbursement Account (PDHRA)

- Manage their prior HRA dollars
- Employees can access PDHRA dollars after they meet their Health Savings Plan medical deductible

Standalone Health Reimbursement Account (SAHRA)

- Manage prior PDHRA dollars after they move into an early retiree or retiree status and when enrolled in a UC sponsored Medicare Supplemental or Exchange medical plan.
## Blue Shield’s Health Savings Plan design

### Medical Plan Coverage

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong>*</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$1,300</td>
</tr>
<tr>
<td>Family</td>
<td>$2,600</td>
</tr>
</tbody>
</table>

| **Out-of-Pocket Max** | | |
| Single | $4,000 | $8,000 |
| Family | $6,400 | $16,000 |

| **Member Cost Sharing** | | |
| (ie, coinsurance after deductible is met) | 20% | 40% |

### HSA Funding

<table>
<thead>
<tr>
<th>Contribution Types</th>
<th>Single</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Contribution</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Employee Pre-Tax (optional)</td>
<td>up to $2,850</td>
<td>up to $5,650</td>
</tr>
</tbody>
</table>
Our partnership with HealthEquity offers a truly integrated platform to engage, educate, and empower employees:

- Blue Shield sends electronic enrollment file to HealthEquity to establish and maintain employee accounts; accounts are opened automatically – no “ink signature” required
- Employees receive welcome kits and live debit card activation with on-the-spot education about the HSA
- The HSA “smart card” allows employees to pay for approved medical expenses at point of service; card transactions appear on member portal within 24 hours
- Employees can track all claims and related documentation in one location
- Employees can invest their HSA dollars in HealthEquity’s Best in Class Funds directly from the website after reaching the $2,000 account balance minimum – no fees to invest
Beyond an HSA Administrator

- Treasury approved custodial trustee
- Licensed and audited by the IRS
- Regulated by FDIC and U.S. Treasury
- Proprietary software platform built to administer health accounts

Healthcare Account Experience

- Founded in 2002, based in Salt Lake City, UT
- Fastest growing health account administrator in the country, with 60+ health plan partners
- Proven scalability: 75%+ year-over-year growth without missing service level metrics
- $1 Billion+ in AUM; 620,000+ HSA accounts; 125,000+ RA accounts; 23,000+ employer groups
To own a HSA, you need to:

- Be covered *ONLY* by an HSA-qualified health plan

- Other health coverage (including Medicare, a traditional health plan, or even an FSA) may disqualify you

- Not be claimed as a dependent on someone else’s tax return
2015 max contributions allowed by IRS:

- Single-coverage: $3,350
- Family-coverage: $6,650
- Catch-up contribution, age 55+: $1,000

How the HSA are funded:

- Employers contribute to employees’ HSAs
- Employees elect pretax contributions through payroll deduction
- HSA is fully funded on day one
How a HSA works....

Traditional health plan vs. HSA-powered health plan

- Larger monthly premiums paid to insurance company
- Lower deductible

- Affordable premiums
- Strategically designed deductibles

**plus**

- Money into Savings Account
Health Equity Registration Page

- [www.myhealthequity.com](http://www.myhealthequity.com)

**Log In**

User ID: 
Password: 
Password is Case Sensitive

Log In

**Account Links**

- Forgot my password?
- Change my password
- Change my security question & answer

**First Time User?**

If you are logging in for the first time as a member, and you have not already established a user id and password, please click the button below.

Begin Now
Member Service Delivery

- Designated team for UC
- Educated and certified in HealthEquity expertise
- Knowledge shared that enables members to fully embrace health accounts of all types
- Measured on accuracy, education and delivery, not number or length of calls
- Continuous learning environment including monthly evaluations and monthly education
Convenient access to employees account

- Debit card
- Computer/Laptop
- Mobile
- By telephone

Use your HealthEquity account to

- Check your balance
- Review transactions
- Review claims
- Submit new claims or documents
- Send payments and reimbursements
- Access tax documents

Stay connected 24-7-365
1.855.201.8375
Other Health & Welfare Plans
Other Health & Welfare Benefits

- Delta Dental PPO
  - No plan or rate changes

- DeltaCare USA
  - No plan or rate changes

- VSP – Vision
  - No plan or rate changes
  - Retiree vision will be open
• ARAG Legal
  – *Open* for 2015
  – No rate changes

• **Benefit enhancements**
  ▪ Real Estate Disputes
  ▪ Personal property protection
  ▪ Minor traffic
  ▪ Estate Administration and closing up to 9 hours
  ▪ Small Claims Court
  ▪ Expanded Identity Theft Protection
ARAG Legal Plan

- New service for 2015

- Expanded identity theft protection benefit
  - Full service identity restoration
  - Identity Theft Insurance up to $1 million
  - Lost wallet services
  - Credit monitoring service, internet surveillance of personal information and child identity monitoring
  - Powered by CSID, leader of global enterprise level identity protection and fraud detection solutions.
ABOUT

- Vendor: Optum (branded as UC Living Well)
- $75 incentive for employees and retirees by earning 7500 points
- Choice of how you want to earn the 7500 points with wellness activities:
  - Complete Health Assessment: 5000 points
  - Complete activities on campus or through Optum: 2500 points
  - Optum Wellness Coaching available with self-referral: 2500 points
  - Preventive Exams (self-report): 2500 points (NEW for 2015)

ELIGIBILITY

- **ALL employees**, regardless of health plan are eligible (e.g. those with Kaiser are eligible)
- Some unions have still opted out of this benefit
- Spouses and partners are not eligible for program or the incentive
Health*Matters Wellness Program

- **Know Your Numbers Health Screening**
- **Healthy Lifestyle Programs** -- Amazing Walk 3, I CAN!: Commitment to Activity and Nutrition – 6 weeks with Registered Dietitian and Fitness Trainer, Maintain Don’t Gain
- **Nutrition** -- Nutrition workshops and healthy cooking classes; Cook Well Berkeley online recipes and resources; Ask the Dietitian email service
- **Active @ Work** -- Berkeley Walks: Walking Group MWF, UC Walks in May, pedometers at cost or free with programs, Dancing for Fitness classes, Fitness Walking Clinics, Instant Recess
- **Breastfeeding Support Program** -- lactation rooms on campus, breast pumps at cost, and Breastfeeding Class, serves fac/staff, students, and UCOP
- **Smoking Cessation** online referrals, quit guide

[Website URL]

Partners:
Wellness Services for Departments

- **UC Living Well Communication to HR Center**
  - Health*Matters e-Newsletter sent once a month to HR Center for distribution to all dept. faculty/staff
  - Flyers for posting

- **UCB Wellness Ambassadors**
  - Anyone can be a Wellness Ambassadors
  - Communication role to spread the word about campus programs
  - Delivery of programs in departments
  - [uhs.berkeley.edu/facstaff/healthmatters/wellnessambassadors/](http://uhs.berkeley.edu/facstaff/healthmatters/wellnessambassadors/)
  - or call Health*Matters at 643-4646

- **Training for Supervisors**
  - role in supporting wellness
  - KEYS class and online tools
Healthy Workplace

- Eat Well Berkeley
  - Restaurants and Retail, Catering, Vending
  - Eat Well Berkeley map

- Healthy Meetings and Events
  - Healthier food and beverage choices
  - Guide online

- I Heart Tap Water Campaign
  - Make water beverage of choice
  - Use a refillable container
  - Refill stations on campus

- Take the Stairs Signs
Wellness Services for Faculty and Staff from Rec Sports

Recreational Sports – calbears.berkeley.edu

- 30-day free trial for faculty and staff
- *WorkFit* – onsite fitness program
- *WorkFit U* – 10 week intensive exercise/healthy lifestyle program
- Fitness facility with classes, equipment, massage, personal trainers, more!
- Membership rate for faculty and staff through payroll deduction
University of California Flexible Spending Accounts Program

Health FSA
DepCare FSA
What is a Flexible Spending Account and How Does It Work?

- Administrator: CONEXIS
- Save taxes on eligible planned out-of-pocket health and/or dependent care expenses
  - Use to help offset the rising cost of health and dependent care expenses
- Contribute to the plan each month with pre-tax earnings through payroll deduction
- Submit claims for reimbursement of eligible out-of-pocket expenses from the DepCare or Health FSA, or use the Health FSA Benefit Card to access the funds in your Health FSA account
  - Save ALL receipts as documentation for the IRS
- Estimate annual contributions carefully – if you don’t use all of your contributions, you lose it
- Re-enroll annually to continue participation
Important points about the Flexible Spending Plans

- Health FSA maximum remains at $2,500 per year
- DepCare FSA maximum remains at $5,000 per year
- ($2,500 if married and filing a separate tax return)
  - Blue Shield Health Savings Plan members not eligible to participate in UC’s Health FSA
  - If employee enrolls in the Blue Shield Health Savings Plan during this Open Enrollment, Health FSA must have a $0 balance on Dec. 31, 2014 (complete any claims reimbursement by Dec. 31, 2014)
- Research plan(s) carefully before enrolling
- Use it or Lose it plans
- Change or cancel only with qualifying life or job event
- Review information on CONEXIS’ microsite
Your FSA Money – “Use It or Lose It” by end of Grace Period

- Participants in 2015 have from January 1, 2015 to March 15, 2016 to incur eligible health care and dependent care expenses
  - Grace period for 2014 participants ends March 15, 2015
- Employees forfeit any money not spent by the end of the grace period
  - IRS Rule (Section 125 of IRS Code)
  - Funds cannot be rolled over to the next plan year and cannot be paid out without eligible expenses
  - All contributions not spent on eligible expenses by March 15th will be forfeited
- Plan carefully when making elections
- Claims must be submitted by:
  - 2014 claims – April 15, 2015
  - 2015 claims – April 15, 2016
<table>
<thead>
<tr>
<th>FSA Savings comparison – example</th>
<th>FSA</th>
<th>No FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Taxable Income</td>
<td>$35,000</td>
<td>$35,000</td>
</tr>
<tr>
<td>Out-of-Pocket Expenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Healthcare</td>
<td>$1,000</td>
<td>$0</td>
</tr>
<tr>
<td>• Dependent Care</td>
<td>$2,500</td>
<td>$0</td>
</tr>
<tr>
<td>Total Pre-tax Contributions</td>
<td>($3,500)</td>
<td>$0</td>
</tr>
<tr>
<td>Taxable Income after FSA</td>
<td>$31,500</td>
<td>$35,000</td>
</tr>
<tr>
<td>Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal &amp; State Income &amp; Social Security Taxes (40%)</td>
<td>($12,600)</td>
<td>($14,000)</td>
</tr>
<tr>
<td>After-Tax Income</td>
<td>$18,900</td>
<td>$21,000</td>
</tr>
<tr>
<td>After-Tax Dollars Spent on Health and Dependent Care Expenses</td>
<td>$0</td>
<td>$3,500</td>
</tr>
<tr>
<td>Take-home Pay</td>
<td>$18,900</td>
<td>$17,500</td>
</tr>
<tr>
<td>Increased Take-home Pay</td>
<td>$1,400</td>
<td>$0</td>
</tr>
</tbody>
</table>
Dependent Care Flexible Spending Account (DepCare FSA)

- DepCare FSA allows participants to pay for employment-related dependent care services for qualifying individuals on a pre-tax basis
  - For example, children under 13

- DepCare maximum: $5,000 per household/family, $180 minimum

- Funds are available as contributions are made

- If a participant ends participation in the plan, they are eligible to claim expenses up to the contribution amount for any dates of services incurred prior to plan’s termination date

- Compare to Federal Tax Credit
Health Flexible Spending Account (Health FSA)

- Use the Health FSA account to reimburse qualified out-of-pocket medical, dental, and vision expenses
  - For yourself
  - Your spouse (at this time, IRS only recognizes opposite sex spouses)
  - For anyone claimed as a tax dependent on your Federal income tax return

- Account maximum: $2,500 per UC employee, $180 minimum

- Must take action if going on leave of absence without pay or FMLA (paid or unpaid)

- Employees who leave employment can only file for expenses incurred prior to plan’s termination date
The card functions like any other credit card anywhere VISA is accepted to pay for qualified purchases.

You spend only the money in your Flexible Spending Account.

Your annual amount is available January 1st.

Key Benefits: easy to use, no waiting for reimbursement, eliminates some claim forms, reduces paperwork.

Common Purchases and Uses for the card: Prescriptions, eligible over-the-counter healthcare products, office visits to a physician or dentist, vision service providers, hospital charges.
Participants will be mailed a benefit card from CONEXIS

Need additional cards for dependents?
  • Login to the participant account on CONEXIS website and order (after January 1)

Some transactions can be auto-approved
  • Co-pay Matching
  • IIAS approval (point of sale)
  • Recurring Expense
  • Electronic Feeds from Insurance Carriers

If transaction cannot be auto-approved, CONEXIS notifies employee that action is required for approval
CONEXIS will email employee a monthly statement indicating:

- Substantiate a purchase
- Status of benefit card
- Account balance

If employee does not access their electronic statement, CONEXIS will mail a statement to the employee’s home address.

For IRS purposes, third-party receipts must be obtained and retained when using the benefit card, even if not needed by CONEXIS.
Procedures for Paper Claims and contacting CONEXIS

- Participants can mail, fax, or upload paper claims to CONEXIS
- Participants can mail, fax, or upload the monthly card activity statement with required documentation to substantiate purchases to CONEXIS
- Microsite: www.conexisfsa.com
  - Information regarding plan
- Website: www.conexis.com
  - Email
- Telephone
  - Call 1-800-482-4120
- Create a web case inquiry on the participant web account
DepCare FSA, Health FSA, TIP and UCRS plans

- DepCare FSA, Health FSA and TIP contributions do not reduce the wages used to calculate UCRP retirement benefits, 403(b) plan or 457(b) plan maximum annual contribution limits.

- If your earnings are below the 2015 Social Security wage base projected at $119,100, future Social Security benefits may be reduced. Ask your tax advisor for details.
Canceling Coverage

- Reminder: Employees can cancel or opt out of coverage at anytime except:
  - DepCare FSA
  - Health FSA
    - IRS regulations govern these plans
    - Check Summary Plan Descriptions for details

- For COBRA eligibility, must be a qualifying event
Not open during Open Enrollment
  - May enroll through Statement of Health at anytime, subject to carrier approval

19% increase in Supplemental Disability Rates
  - First rate increase in 5 years

Rates to increase only for 7 and 30 day waiting periods – NOT 90 and 180 day.

Rate drivers: Frequency and claim duration for both short and long-term disabilities.
Other Health & Welfare Benefits
Supplemental Life and AD&D

- **Supplemental Life – Employee and Dependent (Prudential)**
  - No plan or rate changes
  - Not open during Open Enrollment
    - May enroll through Statement of Health at anytime, subject to carrier approval

- **AD&D (AIG Benefits Solutions)**
  - No plan or rate changes
  - Can enroll at anytime
    - UPAY 850
Definition of Covered Salary for Life and Disability Insurance

- Full-time equivalent
  - Base salary

- Extra pay such as stipends, shift differentials, overtime, etc. will be excluded from all salary base calculations

- Multiple appointments with different rates will receive pro-rated salary base instead of highest rate
Making Open Enrollment Changes
Making Open Enrollment Changes

- Encourage faculty and staff to visit the Open Enrollment website on UCnet **even if they do not plan to make any changes.**
  - [http://ucnet.universityofcalifornia.edu/oe](http://ucnet.universityofcalifornia.edu/oe)
- Log in and review your current enrollments
- Review plan costs and coverage for 2015
- Special tools to compare plans
- Full instructions available
Making Open Enrollment Changes Online

• Establishing a password
• Making Open Enrollment Changes
• Planning tools
• Tips
Everyone needs a password to access personal accounts and make Open Enrollment changes on *At Your Service Online*

For new hires, default password is your birthday
- mmddyyyy

Forgot password??
- Click “Sign in to my accounts”, then select “Forgot Password” from the login page
- You will be emailed a temporary password immediately

If you are unable to reset your password online,
- Call 664-9000 Option 3 and ask for a password reset
- Leave name, Social Security # and phone # or email address
- If request received by 3 p.m., password will be reset to default (birthday: mmddyyyy) by end of day
COBRA Participants are Eligible for Open Enrollment

- COBRA Open Enrollment will be handled by CONEXIS
  - CONEXIS will mail information, 2015 rates, and paper forms to all COBRA participants
  - COBRA participants may view detailed plan changes online on http://ucnet.universityofcalifornia.edu/
  - All questions should be referred to CONEXIS

- COBRA participants must submit Open Enrollment changes directly to CONEXIS
  - Via website at www.conexis.com, or
  - Via paper form included in mailing
  - 1-877-722-2667
Open Enrollment Problem Reporting

Provide the following information when reporting an Open Enrollment systems problem:

- Employee name
- Employee’s work phone number and email address
- Employee’s ID #
- Date/Time problem occurred
- What page was the user on (Quick Changes, Family Member, Medical, Dental, etc.)
- What was the user trying to do
- Subject line: Open Enrollment system problem
Planning Tools

Human Resources

• At Your Service Online website
  – http://ucnet.universityofcalifornia.edu then choose “Open Enrollment”
  – Medical Plan Chooser
    • Build a spreadsheet comparing plans
  – Dental Plan Chooser
    • Helps you select which plan is best for you
  – DepCare FSA and Health FSA Tax Savings Calculator
  – Find a Doctor
  – For formularies, check medical plan websites or call plans directly
  – Links to UC Health plans and links to plan websites
  – Details of coverage
• Gather personal data for new family members
  – Birthdates, Social Security numbers

• Changing PCP only?
  – Can change at any time – call medical plan directly

• Address needs updating?
  – Login to *At Your Service Online*, choose “My Contact Information”
  – BLU
• Don’t wait until the last minute to make changes
  – Open Enrollment ends at **5:00 p.m.** on **Tuesday, November 25th!!**
• Confirm your choices!
  – Open Enrollment changes are only recorded when you confirm them
  – Keep your confirmation statement
• **Review December 17th or January 1st pay statement**
  – Shows Open Enrollment changes
• It is the employee’s responsibility to report any mistakes in a timely manner!
Special Situations

- New Hires
- Employees on Leave
- Cannot use Web Application
- Special Handling needed
- Retiring in November or December
Special Situations: New Hires

- New employee should use online **New Hire application** in most cases
  - For initial enrollment in plans during PIE
  - Enroll eligible family members in medical/dental/vision plans
  - **Effective date**: date of hire

- New employee might also use online **Open Enrollment application** in some cases
  - To change medical and/or dental plans for 2015
  - To enroll or re-enroll in the DepCare FSA and/or the Health FSA for 2015
  - **Effective date**: January 1, 2015
Special Situations: Employees on Leave

- Make Open Enrollment changes online

- Employees continuing to pay their benefits while on a Leave of Absence must contact Payroll: Benefits Accounting Unit regarding new premium amounts for January 2015.
  - Angela Dizon, adizon@berkeley.edu or 510-642-0684
  - Payroll
    - 2195 Hearst Avenue, Room 130 Warren Hall, MC #1108
Special Situations: Employee Can’t Use Open Enrollment Web Application

**Employee may use form if:**

- Newly hired employee and information not in HCM by 11/13/14
- Updated employee information not in HCM by 11/13/14
- Employee on Leave of Absence and has no computer access
Special Situations

**Human Resources**

- If a form is used:
  - Employee must fill out UPAY 850 form
    - Available only **online** at UCnet
      - Link on hrweb.berkeley.edu
    - Must use correct version or **form will be returned**
      - Tip: UCnet always has the most current version
    - Check box that says “Open Enrollment”
      - First box under #3 and under Change
  - Enrollment process will be delayed, ID cards will be mailed late January 2015
    - Coverage is still effective January 1, 2015
  - Include note that provides explanation of the reason the employee could not use the web
  - Send, email, or fax **(510-664-9318)** form(s) and explanation, to the attention of the Health Care Facilitator, at hrapscssshelp@berkeley.edu
Special Handling Needed

There can be system challenges with some Open Enrollment actions if:

- Employee has a newly eligible dependent(s) in December – need to add ASAP (must use form)
Special Handling Needed for those Retiring in November or December

- If Open Enrollment changes are desired and employee is retiring during Open Enrollment:
  - Send UBEN 100 to HR Benefits. Do not use the Employee or Retiree Open Enrollment online application.
  - On the UBEN 100, check “Open Enrollment” and “Retirement” boxes and include Retirement Date.
  - Changes will be effective January 1, 2015

- If Open Enrollment changes are desired and employee is retiring after Open Enrollment:
  - Use Employee Open Enrollment online application to make any changes wanted for January 1, 2015.
  - Send Open Enrollment confirmation statement with UBEN 100 to Retiree Insurance Program

  • University of CA, RASC, P.O. Box 24570, Oakland, CA 94623, attn: Retiree Insurance Program
We ask the HR Liaisons, HR Partners and First Contact Resolution to assist employees by ...

- Finding a computer to use
- Finding Open Enrollment information
  - Open Enrollment information booklet
  - Online at UCnet
  - Contact information for medical and dental plans
- Notifying them about Open Enrollment events
- Finding their current enrollments
- Setting their UC Password
  - Can be done on-line; members usually do not need to call HR Benefits
What if an employee needs help?

If an employee has trouble using the Open Enrollment web application, we ask HR Liaisons and HR Partners to:

- Verify that all personal and appointment data is correct in HCM and PPS systems
- Try to assist employees in making Open Enrollment changes online
- If still having problems...
  - Campus Shared Services Human Resources
    510-664-9000, Option 3
Other Hot Topics

- Tax Savings on Insurance Premiums (TIP)
- Beneficiaries
- Retirement Savings Program
- Fidelity Retirement Services
- Pre-Retirement Planning
- Health Care Facilitator Program
- Retiree / Retiree Resources
- Wellness Program
- Eyes of Hope
- Select Plus+
Employee portion of medical plan premium is paid on a pretax basis

Reduces out-of-pocket medical plan premium costs to employee

Automatically enrolled unless you cancel
  • May opt out or opt in during Open Enrollment
• While not part of Open Enrollment, good idea to confirm beneficiaries

• UCRP, Life and AD&D
  – Review, name, and/or change beneficiaries online at http://ucnet.universityofcalifornia.edu

• DCP, 403(b) and 457(b) plans
  – Review, name and change beneficiaries online with Fidelity Retirement Services or call for form
  – www.netbenefits.com
  – 1-866-682-7787, press 0

• If no beneficiary is established, benefits will be paid according to Order of Succession

• *Paper forms* available for UC beneficiaries: UBEN 116
  – Available at KP or online at http://ucnet.universityofcalifornia.edu
Retirement Savings Program

• Retirement Savings is very important
  – It’s never too late, but - the earlier you start, the more money you will accumulate

• UC provides a wonderful FREE benefit in the educational workshops and online tools available to faculty and staff
  – Department Flyer

• MAC limits for 2015
  – No change as of today
  – For 2014
    • Under 50 will be $17,500
    • Over 50, will be $23,000
    • Catch-up amount remains at $5,500
Fidelity Retirement Services

- Manages and record keeps the DCP, 403(b) and 457(b) plans
  - Department Workshops
  - Laura Crymble, laura.crymble@fmr.com, 510-368-5436
  - 1-866-682-7787 and www.netbenefits.com: New accounts, exchanges, distributions, fund options, service inquiries
  - Internal Planning & Guidance (IPGC), 800-558-9182: CAP elections, rollovers, retirement income planning, planning and savings goals outside of retirement, stay in plan options for terminated employees
  - PGC – 1:1 appointments scheduled through IPGC
  - Focus On Your Future
    - www.UCnet.universityofcalifornia.edu
Pre-Retirement Planning

- HR Benefits
  - 10 Steps to Planning your UC Retirement
  - Read the Retirement Handbook (answers most questions people have about retirement)
  - Review retirement estimates on At Your Service Online
- Retirement Center
  - Pre-Retirement Planning Program
- Fidelity Retirement Services
- Retirement Administration Service Center (RASC) at 1-800-888-8267 option 8
  - Monday to Friday, 8:30am - 4:30pm PST
  - https://secure.ucop.edu/secureapps/ays/csform.html
The Health Care Facilitator (HCF) program is here to help faculty and staff, retirees, survivors and their eligible family members better understand and obtain the full benefits and services available from the UC-sponsored health plans.

- Understand your UC health plan coverage and patient rights
- Define your health care issues
- Navigate the health care system
- Resolve issues or problems with your doctor, medical group, medical plan carrier, dental or vision plans
- Understand how Medicare benefits coordinate with UC-sponsored medical plans
Things to do *before* contacting the Health Care Facilitator program:

- Contact your doctor’s office
- Contact your medical group
- Contact your health plan

If you still need help,

**Call 510-664-9000, Option 3**

or

Send an email to: hrapscssshelp@berkeley.edu
Retirees
who are receiving monthly benefits from the UC Retirement System

HR

Retirees

October 30th, 8:00 a.m. - November 25th, 5:00 p.m.

Retirees: Open Enrollment information booklet mailed to home address

Retirees make changes using the UCnet website
  - Must use their UC password
    » Forgot password?? Can request new one online or
    » Contact RASC
      - 1-800-888-8267, option 5

Rehired Retirees
  - If receiving Health and Welfare benefits as a retiree, must make changes as a retiree
Resources for Retirees
who are receiving monthly benefits from the UC Retirement System

HUMAN RESOURCES

• If a form is needed
  – UBEN 100 “Retiree Continuation, Enrollment or Change-Medical, Dental and/or Legal Plan”
    • (rev 10/14)
  – Form is available at:
    • UCnet website, http://ucnet.universityofcalifornia.edu
    • Call RASC at 1-800-888-8267, option 4
    • Email: https://secure.ucop.edu/secureapps/ays/csform.html
    • Contact Berkeley Campus Shared Service, 510-664-9000, Option 3 or hrapscssshelp@berkeley.edu
Eyes of Hope, VSP’s eyewear donation program

- Donate used eye wear
  - Prescription glasses, readers, sunglasses
- Donation locations
  - Central Human Resources
  - Medical Plan Information Day
  - CSS
Select Plus offers two programs:

- Sittercity, which offers individual in-home caregivers, including babysitters, nannies, senior caregivers, pet sitters, tutors and housekeepers.
- Years Ahead, which offers a nationwide network of memory and hospice care facilities, independent and assisted living communities, and in-home home health care and senior care companies.

- UC pays the fee that gives employees the access to Select Plus website. The employee will make the arrangements with the providers they hire including all payments to them.
Resources

- http://ucnet.universityofcalifornia.edu/oe
- Medical Plan Chooser Tool (late Oct)
- FAQ’s
- Medical Plan Carriers websites and phone numbers
- Videos
  - Medical Plan Comparison - English and Spanish
  - Disability Insurance
  - Medical Terms and Concepts
  - Making the Most of Your Medical Benefits
- Dedicated Blue Shield Concierge: 1-855-201-2087
  - 7am -7pm M-F
- http://hrweb.berkeley.edu
Please fill out Evaluation Form

Questions???