

COBRA/Continuation of Group Coverage

Mailing Addresses and Premium Information

Effective: January 1, 2009–December 31, 2009

- You can only continue coverage under the plans in which you were enrolled on the day before the COBRA qualifying event. **If you're moving, please call the carrier before completing the form to verify that coverage is available in your area.**
- You must elect StayWell separately; it will not be automatically included in your medical plan.
- Read the *Continuation of Group Insurance Coverage notice for more details.*** This notice is enclosed and is also available from UC's website (<http://atyourservice.ucop.edu>), from the local Benefits Office (831-459-2013) or from UC HR/Benefits Customer Service (1-800-888-8267).
- Health FSA:** If you are enrolled in the Health Spending Account (Health FSA) you can continue your participation through the end of the current plan year (December 31) by making after-tax payments to your account.
- If you were enrolled in a medical plan for Medicare enrollees before the COBRA qualifying event, call UC Customer Service (1-800-888-8267) for premium amounts for the Medicare plans.
- If you elect COBRA continuation coverage, you must pay the monthly premiums shown below for your appropriate coverage level.**

MEDICAL PROGRAM

MONTHLY PREMIUM INFORMATION
(for 18-month and 36-month COBRA continuation periods only)

Single	Adult Plus Child(ren)	Two Adults	Family
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Anthem Blue Cross PLUS (POS)	\$530.64	\$955.17	\$1,114.36	\$1,538.86
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(Available only to those who live or work in the plan's service area)

Anthem Blue Cross of California
Anthem Blue Cross UC Customer Service
 P.O. Box 629
 Woodland Hills, CA 91365
 1-888-209-7975
 Group Policy No.: None needed

Anthem Blue Cross PPO	\$527.79	\$950.03	\$1,108.35	\$1,530.59
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Anthem Blue Cross of California
Anthem Blue Cross UC Customer Service
 P.O. Box 629
 Woodland Hills, CA 91365
 1-888-209-7975
 Group Policy No.: None needed

Core Major Medical (CA)	\$51.00	\$91.80	\$108.12	\$148.92
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Anthem Blue Cross of California
Anthem Blue Cross UC Customer Service
 P.O. Box 629
 Woodland Hills, CA 91365
 1-888-209-7975
 Group Policy No.: None needed

MONTHLY PREMIUM INFORMATION
(for 18-month and 36-month COBRA continuation periods only)

Single	Adult Plus Child(ren)	Two Adults	Family
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CIGNA Choice Fund (HRA/PPO)	\$298.66	\$537.58	\$627.18	\$866.09
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CIGNA
 CIGNA Healthcare
 1 Front Street, Suite 700
 San Francisco, CA 94111
 Attn: UC COBRA Services
 1-888-802-4462
 FAX: 1-860-298-2443

Health Net	\$431.67	\$777.02	\$906.51	\$1,251.86
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(Available only to those who live or work in the plan's service area)

Health Net
 Membership Department
 11971 Foundation Place
 C-MS 903-02-02
 Rancho Cordova, CA 95670
 Attn: COBRA Direct Pay
 1-800-977-2207
 FAX 1-916-935-3801
 Group Policy No. 50478
 (Include policy no. on envelope)

Kaiser Foundation Health Plan, Inc.—CA	\$376.20	\$677.16	\$790.01	\$1,090.97
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(Available only to those who live or work in the plan's service area)

Kaiser Permanente (Northern CA)
 CONEXIS
 P.O. Box 226101
 Dallas, TX 75222-6101
 1-877-722-2667
 FAX: 1-866-857-1144
 Group Policy No. 7-5000

Kaiser Permanente (Southern CA)
 CONEXIS
 P.O. Box 226101
 Dallas, TX 75222-6101
 1-877-722-2667
 FAX: 1-866-857-1144
 Group Policy No. 1026XX-36

MONTHLY PREMIUM INFORMATION
(for 18-month and 36-month COBRA continuation periods only)

Single	Adult Plus Child(ren)	Two Adults	Family
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DENTAL PROGRAM

Delta Dental PPO	\$42.32	\$86.40	\$79.50	\$141.46
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Delta Dental PPO (formerly Delta Dental)

Wolfpack Insurance Services
P.O. Box 833
Belmont, CA 94002-0833
Attn: COBRA
1-800-296-0192
FAX: 1-650-591-4022
Group Policy No. 4999

DeltaCare (formerly PMI)	\$20.91	\$36.04	\$35.88	\$51.02
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(Available only to California residents)

DeltaCare® USA

Attn: Eligibility Administration
12898 Towne Center Drive
Cerritos, CA 90703
1-800-422-4234
Group Policy No.: None needed

VISION PROGRAM

Vision Service Plan	\$13.72	\$13.72	\$13.72	\$13.72
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Vision Service Plan

Attn: COBRA Administration
P.O. Box 997100
Sacramento, CA 95899-7100
1-916-851-4637 or 1-800-852-7600, ext. 4637
FAX: 1-916-463-9031
Group Policy No. 00-101923-0033

WELLNESS PROGRAM

StayWell	\$11.10	\$11.10	\$18.19	\$18.19
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CONEXIS

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

HEALTH FSA

CONEXIS	Your contribution plus 2 percent
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P.O. Box 226101
Dallas, TX 75222-6101
1-877-722-2667
Fax: 1-866-857-1144

We are required to provide this notice to terminating employees. The Benefits Office is unable to offer counseling or information on these programs. Please contact the numbers shown below for more information.

NOTICE TO TERMINATING EMPLOYEES

The California Department of Health Services will pay the private health insurance premiums for certain persons losing employment under the following circumstances:

FOR PERSONS ELIGIBLE FOR MEDI-CAL

Medi-Cal beneficiaries who have high cost medical conditions may qualify for the Health Insurance Premium Program (HIPP) provided they:

1. Have a Medi-Cal share of cost of \$200.00 or less
2. Have a high-cost medical condition for which the average monthly cost is twice the amount of the monthly health insurance premium
3. Have current health insurance coverage, or a COBRA continuation or a conversion policy in effect or available.
4. Have filed an application in a timely manner, allowing sufficient time to process the application and start payment of premium.

YOU DO NOT QUALIFY IF:

1. Your insurance policy is issued through the Major Risk Medical Insurance Program (MRMIP)
2. You qualify for Medicare
3. You are enrolled in a Medi-Cal related pre-paid plan, San Mateo County Health Plan, Santa Barbara County Health Initiative, or a County Medical Service Program.

To enroll in HIPP, or to inquire about requirements, call this toll-free number, 1-800-952-5294 between 8:00 a.m. and 5:00 p.m. Monday through Friday.

FOR PERSONS DISABLED BY HIV/AIDS

Under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, persons unable to work because of disability due to HIV/AIDS and who are losing their private health insurance may qualify for the Health Insurance Continuation Program (CARE/HIPP) provided they:

1. Are currently covered by a health insurance plan, which includes coverage for outpatient prescription drugs, and can be converted to a COBRA/OBRA plan.
2. Have a total monthly income below 250% of poverty; approx. \$1500 monthly for a single person in 1992.

FOR MORE INFORMATION:

Northern California AIDS Hotline
1-800-367-2437 (English/Spanish)

or

Southern California AIDS Hotline
1-800-922-2437 (English)
1-800-922-2438 (Multi-Language)