UC Retiree Medical Plans
Agenda

- Your Options
- Medicare and UC
- Plan Overviews
- UC Living Well
- Conclusion
Your Options
Your options

• **UC offers four types of medical plans**
  – HMO plans (4)
  – POS plan
  – PPO plan
  – FFS plans (2)

• **Availability determined by zip code**
  – Medical Plan **Chooser**
  – http://atyourservice.ucop.edu
HMOs

• Health Maintenance Organizations
  – Health Net/Seniority Plus
  – New: Health Net Blue & Gold
  – Kaiser Permanente/Senior Advantage
Anthem Blue Cross plans

- **Point-of-Service (POS) plan**
  - Anthem Blue Cross PLUS
- **Preferred Provider Organization**
  - Anthem Blue Cross PPO
- **Fee-for-Service plans**
  - Core Medical
  - High Option (Medicare only)
Cost vs. Flexibility

- HMO
- POS
- PPO
- FFS
Medical plan premiums

• Will you have a net premium to pay?
  – 100% of UC contribution: see rate chart
    • New: UC contribution reduced by 3%
  – Graduated Eligibility:
    • Log on to At Your Service Online (password)
    • Or, use Medical Plan Chooser (no password)
  – New: Retirees 65+ ineligible for Medicare
    • Protected by rates linked to employee rates
  – Medicare Part B reimbursement
Making changes

• Changing your medical plan
    • Changes effective January 1, 2011
  – Move outside plan service area
  – Adding newly eligible family member
  – HMO Transfer Program
    • Provider group disruptions

• No pre-existing conditions exclusions
Suspending coverage

• Suspending medical coverage
  – Re-enroll during Open Enrollment or after an involuntary loss of other coverage
• New: Suspend dental coverage
Medicare and UC
Medicare and UC

- Medicare is the federal health insurance program for those over 65 and some disabled
  - **Part A**: Hospital insurance
    - Premium-free for most
  - **Part B**: Medical insurance
    - $96.40/month in 2011 (?)
    - $110.50/month in 2011 for those w/o SSI (?)
    - Costs more if MAGI >$85K/year ($170K for couples) (?)
- UC relies on Medicare to offset the cost of retiree medical insurance
UC’s Medicare requirements

• UC requires retirees and their family members to enroll in Medicare Part B:
  – If they are enrolled in medical insurance
  – If they are eligible for Part A free of charge
  – Failure to comply may result in the loss of UC-sponsored medical coverage

  – Exceptions:
    • Retirees who reside outside of the U.S.
    • Those who retired prior to July 1, 1991
Medicare and HMOs

• **Medicare Advantage** plans
  – If you have Medicare A & B, and you are enrolled in an HMO, you must assign your Medicare benefits to the HMO (by form)

• Medicare pays a flat monthly fee to the insurance company

• Medicare cannot be used separately from the Medicare Advantage plan
Medicare and Anthem Blue Cross

• Medicare primary; **Anthem Blue Cross secondary**

• Medicare-certified providers must be used
  – 96% of U.S. physicians participate in Medicare
  – Ask if accepting new Medicare patients
  – Providers that do not accept “assignment” can charge up to 15% more
Medicare Part D

• New outpatient drug benefit as of 2006
• Subsidizes medical plan premiums
• UC Part D plans: no “doughnut hole”
• Formulary may differ from non-Medicare plan
Medicare Part D (cont.)

- Form required if enrolling in a new plan
- Duplicate Part D coverage not allowed
- Enrollment in a non-UC Part D plan may result in loss of coverage
  - Exception: PPO + Medicare without Rx
HMO Plan Overview
About HMOs…

• The insurance company prepays a monthly per capita rate (capitation) to each Medical Group
• Your Primary Medical Group is responsible for your care for that month
• You choose a **Primary Care Physician (PCP)** who acts as your gatekeeper to care through the Medical Group (to change PCPs, call plan)
  – Exception: emergencies covered anywhere; call 911 or go to the nearest hospital. Let PCP know ASAP.
  – PCP must be within 30 miles of home
Advantages of HMOs 😊

- Low monthly premiums
- Low, predictable copayments
- No claim forms
- No deductibles/coinsurance
- Encourages relationship with PCP
Limits of HMOs 😞

- Must select PCP from the network of medical groups
- Most specialty care must be referred by PCP
- Must use your Medical Group’s network of specialists/hospitals/labs
- Preauthorization process required
- Service area limited to certain urban zip codes
- + Medicare: cannot self-refer to Medicare providers
HMO coverage

• Modest copayments
  – Physician office visit: $15
    • Copayment waived for preventive office visits &
      certain immunizations
  – ER: $50
    • Emergencies covered worldwide
  – Inpatient hospitalization: $250
  – Behavioral health outpatient: $15
  – Behavioral health inpatient: $250
HMO behavioral health

- UC has “carved out” behavioral services for many of our plans
- Separate behavioral health plan manages care
- Call the behavioral health plan directly for mental health/substance abuse needs
HMO behavioral health

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Behavioral Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Net</td>
<td>United Behavioral Health</td>
</tr>
<tr>
<td>Health Net Seniority Plus</td>
<td>Managed Health Network</td>
</tr>
<tr>
<td></td>
<td>Exception: Sutter medical groups</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>Go through PCP and/or United Behavioral Health</td>
</tr>
<tr>
<td>Kaiser Senior Advantage</td>
<td>Go through PCP</td>
</tr>
</tbody>
</table>
HMO $Rx$

- **Generic**: $5/30$-day supply
- **Brand name**: $20/30$-day supply
- **Non-formulary**: $35/30$-day supply
  - (does not apply to Kaiser)
- **Mail-order**: 90-day supplies for 2 copays
  - (Kaiser: 100-day supply)
- Some meds require preauthorization
### HMO Rx: Medicare Part D

<table>
<thead>
<tr>
<th>Rx 30-day supplies</th>
<th>Health Net Seniority Plus</th>
<th>Kaiser Senior Advantage</th>
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<tbody>
<tr>
<td><strong>Tier I</strong>&lt;br&gt;(generic, formulary)</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td><strong>Tier II</strong>&lt;br&gt;(brand name, formulary)</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Tier III</strong>&lt;br&gt;(non-formulary)</td>
<td>$35</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Tier IV or V</strong>&lt;br&gt;(specialty/self-injectable)</td>
<td>25%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Rx Out-of-Pocket Maximum</strong></td>
<td>$2,000</td>
<td>$4,550</td>
</tr>
</tbody>
</table>
Health Net/
Health Net Blue & Gold/
Seniority Plus

• Large provider network
• Available in most of urban California
• Hearing aids: 2 aids every 36 months; 50% coinsurance $2,000 benefit maximum
• WellRewards discount programs
  – Acupuncture, chiropractic, massage therapy, fitness centers
  – Vitamins, books, videos, weight loss programs, etc.
• Disease Management programs
• Rx: 90-day supplies at UC pharmacies for 2 copays
• NCQA accreditation: (highest) “Excellent” (Blue & Gold not accredited)
Reasons why Health Net is a Better Decision

A California leader in managed health care, Health Net offers:

• **One of the largest networks** of doctors and hospitals in California, including all the UC Medical Centers and Pharmacies. In 2011, UC employees and non-Medicare retirees can choose from Health Net HMO or the more affordable **Blue & Gold HMO**.

• **Predictable costs with low fixed copayments** for services.

• **Financially sound**, Health Net is ranked #165 in the 2009 Fortune 500 list of companies.

• **Top ranked Plan**, Health Net received the highest CA NCQA ranking among statewide health plans in the 2010-2011 Consumer Reports.

• **Decision PowerSM**, a program that brings together the information, resources and personal support that fit you, your health and your life.

• **High-tech conveniences**, such as – online medical records, Health Net Mobile, Text4baby, Take 5 maternity and more health-boosting resources.

• **Dedicated support for UC members** at [www.healthnet.com/uc](http://www.healthnet.com/uc) and 1-800-539-4072. More employees are enrolled in Health Net, more than any other UC-sponsored health plan!
Health Net vs. Health Net Blue & Gold

**Health Net**
- Higher premium
- More medical groups available

**Health Net Blue & Gold**
- Custom for UC
- Lower premium
- Does not contract with most Sutter-affiliated medical groups
- Non-Medicare
  - At least one family member must not have Medicare
Health Net/Health Net Blue & Gold vs. Seniority Plus

Health Net
• United Behavioral Health

Seniority Plus
• $2,000 Rx OOP Max
• Rx specialty/injectables: 25% coinsurance
• Eye glasses: $100 frame allowance; lenses covered in full; every 24 months
• Chiropractic
• “Silver & Fit” fitness clubs
• Mental health: MHN or Sutter
Kaiser Permanente/
Senior Advantage

• Kaiser Foundation Health Plan contracts with one large group, the Permanente Medical Group
• Advanced electronic medical records and online tools
• Rx: 30-/60-/100-day supplies at 1x/2x/3x copays
  – Use Kaiser pharmacies
  – Mail order: 100-day supply for 2x copays
• Classes, pamphlets, cassettes and videos on a wide variety of health topics
• Healthwise Handbook free to members
• Disease Management programs
• NCQA accreditation: (highest) “Excellent”
Our health plans offer the care, tools, and resources you need to stay healthy in body, mind, and spirit. You get medical care you can count on, and programs to help you achieve total health:

• award-winning wellness programs to help you lose weight, reduce stress, manage chronic conditions, and more

• online health resources to keep you informed and inspired

Quality doctors you choose
Select a doctor who's right for you from a large list of physicians, and feel free to change your doctor for any reason. Plus, you can manage your health online or receive care at any one of our convenient, one-stop facilities. It's all part of our commitment to keep you healthy.

Easy access to services
Request routine appointments, refill prescriptions, and get most lab results online. Have a routine health question or concern? You can simply e-mail your doctor's office online, anytime. Or visit a nearby Kaiser Permanente facility for primary care, lab, X-ray, and pharmacy services—in many instances, all conveniently located in one place.

Convenience you can count on
We survey our members regularly to find out what they need most and where. That means you can count on:

• seeing a physician when you need one

• easy access to facilities close to where you live or work

• advanced technology and innovative medical care

In addition, we’ve developed Centers of Excellence that provide our members with highly specialized care and medical procedures to treat complicated medical problems. Why join Kaiser Permanente? For quality, convenience, and a commitment to your total health.
Kaiser Permanente vs. Senior Advantage

**Kaiser Permanente**
- Hearing aids: $1,000 allowance per aid per ear, every 36 months (no copay)

**Senior Advantage**
- Rx Out of Pocket Max: $4,550
- Hearing aids: $2,500 allowance per aid per ear, every 36 months (no copay)
- $150 allowance for eye glass frames and lenses every 24 months
- Chiropractic
Western Health Advantage

- Local health plan, only available in certain local counties
- Not contracted with Sutter medical groups
- \( R_x \): 90-day supplies at UC pharmacies for 2 copays
- \( R_x \): If brand is dispensed when generic is available, member is charged generic copay + difference in price between generic & brand even when doctor indicates “Do Not Substitute”
- Travel insurance: Assist America
- NCQA accreditation: (highest) “Excellent”
• Headquartered in Sacramento, WHA is a local health plan created to offer clear value in quality care for the people who live and work in this region
• Owned and Sponsored by University of California, CHW/Mercy HealthCare and NorthBay Medical Center
• A business model that eliminate wasteful bureaucracy, emphasizes personal service and delivers access to care—not obstacles to treatment
• Provider network includes more than 800 of the region’s best primary care physicians
• Through our unique Advantage Referral program, WHA members can easily be referred to nearly any of more than 1,400 specialist or 8 hospitals in the network, without cumbersome medical group restrictions
• WHA received an “Excellence” rating from NCQA
• WHA received the highest possible member satisfaction rating –four stars– from California’s Office of the Patient Advocate (OPA)
• Ranked #1 health plan for member satisfaction in the state.
Anthem Blue Cross Plans
Anthem Blue Cross wellness programs

- Disease management programs
- Tobacco cessation
- MyHealthAdvantage: alerts members to possible gaps in care/contraindicated medications/early risk for chronic disease
- “Healthy Extensions” discount programs
- Subimo online decision support tool
  - Diagnostic and procedure explanations, hospital finder
Anthem Blue Cross PPO
About Anthem Blue Cross PPO…

• Preferred Provider Organization
  – More than 85 percent of all doctors and hospitals throughout the U.S. contract with Blue Cross/Blue Shield Plans
    • ~46,000 **Anthem Blue Cross** network doctors in **CA**
    • ~700,000 **Blue Cross/Blue Shield** network doctors nation-wide

• NCQA accreditation: ★ “Commendable”
# How does ABC PPO work?

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self-refer to preferred providers</td>
<td>• Self-refer to non-Blue Cross providers</td>
</tr>
<tr>
<td>1. $250 deductible</td>
<td>1. $500 deductible</td>
</tr>
<tr>
<td>– Per person, per year</td>
<td>– Per person, per year</td>
</tr>
<tr>
<td>– $750 for 3+</td>
<td>– $1,500 for 3+</td>
</tr>
<tr>
<td>2. 20% coinsurance</td>
<td>2. 40% coinsurance</td>
</tr>
<tr>
<td>3. $3,000 Out-of-Pocket Maximum</td>
<td>3. $6,000 Out-of-Pocket Maximum</td>
</tr>
<tr>
<td>– Per person, per year</td>
<td>– Per person, per year</td>
</tr>
<tr>
<td>– $9,000 for 3+</td>
<td>– $18,000 for 3+</td>
</tr>
<tr>
<td>• Hospitalization: be sure facility AND doctors are preferred providers</td>
<td>• You pay 40% of allowable charges + “balance billing”</td>
</tr>
</tbody>
</table>
ABC PPO + Medicare

- Medicare primary, PPO secondary
- Caution: must use Medicare providers

<table>
<thead>
<tr>
<th></th>
<th>PPO In-Network</th>
<th>PPO + Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Deductible</td>
<td>$250</td>
</tr>
<tr>
<td>2</td>
<td>Coinsurance</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>Out-of-Pocket Maximum</td>
<td>$3,000</td>
</tr>
</tbody>
</table>
Advantages of ABC PPO 😊

• No PCP, self-refer to specialists
• No Primary Medical Group
• Large, national provider network
• Out-of-Network coverage
  – Medical and Behavioral Health
• Comprehensive world-wide coverage
• Chiropractic/acupuncture coverage
• + Medicare: use any Medicare provider
Limits of the ABC PPO 😞

- Deductibles/coinsurance rather than flat copayments
- Separate In- and Out-of-Network deductibles
- Preauthorization required for hospitalization
- Out-of-Network access more expensive
- + Medicare: must use Medicare providers
ABC PPO behavioral health: UBH

In-Network
- United Behavioral Health (UBH) providers
  1. New: No deductible
  2. New: 20% coinsurance
  3. New: $3,000 Out-of-Pocket Max
     - Per person, per year
     - $9,000 for 3+
     - Shared for medical and mental health
- Outpatient office visits:
  - Visits 1-3: No cost

Out-of-Network
1. $500 deductible
   - Per person, per year
   - $1,500 for 3+
2. 40% coinsurance
3. $6,000 Out-of-Pocket Max
   - Per person, per year
   - $18,000 for 3+
   - + “balance billing”
- New: Deductibles/OOP Max shared for medical and mental health (non-Medicare only)
ABC PPO Rx

• **Generic:** $10/30-day supply
  – *New:* automatic generic substitution
• **Brand name:** $25/30-day supply
• **Non-formulary:** $40/30-day supply
• 90-day supplies of meds for 2 copayments:
  – UC pharmacies
  – Mail-order
• Some meds require prior authorization
• **New:** Specialty meds: through CuraScript
• + Medicare: Rx OOP Max: $4,550
Anthem Blue Cross PLUS
About ABC PLUS…

• Point-of-Service plan
  – Combines features of HMOs and PPOs
  – Benefit level determined by **point of service**

• NCQA accreditation: ☃️
  “Commendable”
How does ABC PLUS work?

**In-Network (HMO)**
- Like HMO, a Medical Group gets capitation
- The prepaid Medical Group is responsible for your care for that month
- PCP directs care
- Member pays flat copayments for care
- Physician office visit $20
- ER $75
- Inpatient hospitalization: $250

**Out-of-Network (PPO)**
- Like PPO, self-refer to providers
- $500 deductible
  - Per person, per year
  - $1,500 for 3+
- 30% coinsurance
- $5,000 Out-of-Pocket Maximum
  - Per person, per year
  - $15,000 for 3+
  - + “balance billing” if provider is not preferred
- Members with Medicare who self-refer must use Medicare providers
**ABC PLUS Out-of-Network**

- + Medicare: members with Medicare who self-refer must use Medicare providers
- + Medicare: Medicare primary; PLUS secondary

<table>
<thead>
<tr>
<th></th>
<th>PPO Providers</th>
<th>Other Providers</th>
<th>Medicare Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Deductible</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>2</td>
<td>Coinsurance</td>
<td>30%</td>
<td>30% + balance</td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td>30% + balance</td>
<td>30% after Medicare</td>
</tr>
<tr>
<td>3</td>
<td>Out-of-Pocket Max</td>
<td>$5,000</td>
<td>$5,000 + balance</td>
</tr>
<tr>
<td></td>
<td>$5,000</td>
<td>$5,000 + balance</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
Advantages of ABC PLUS 🌟

- In-Network (HMO) coverage offers modest, predictable copayments for care
- Out-of-Network (PPO) coverage
  - Large, national provider network
  - + Medicare: use any Medicare provider
  - Out-of-Pocket Maximum $5,000 (lower than PPO)
- Chiropractic/acupuncture coverage through American Specialty Health Plans
Limits of ABC PLUS 😞

- Sutter medical groups unavailable In-Network
- Higher premium than HMOs
- Out-of-Network (PPO) service more expensive
- No Out-of-Network chiropractic/acupuncture
- Only available in certain CA zip codes
- + Medicare: if you self-refer, you must use Medicare providers
## ABC PLUS behavioral health: UBH

### In-Network
- **United Behavioral Health (UBH) providers**
- **Outpatient office visits:**
  - Visits 1-3: free
  - Visits 4+: $15
- **Inpatient hospitalization:**
  - $250 copayment
- $1,500 Out-of-Pocket Max
  - Per person, per year
  - $4,500 for 3+
  - **New:** Mental health expenses count toward medical OOP Max

### Out-of-Network
1. $500 deductible
   - Per person, per year
   - $1,500 for 3+
2. 30% coinsurance
3. $5,000 Out-of-Pocket Max
   - Per person, per year
   - $15,000 for 3+
   - + “balance billing”
   - **New:** Deductibles/OOP Max shared for medical and mental health (non-Medicare only)
4. + Medicare: must use Medicare providers
ABC PLUS Rx

- **Generic:** $10/30-day supply
  - *New:* automatic generic substitution
- **Brand name:** $25/30-day supply
- **Non-formulary:** $40/30-day supply
- 90-day supplies of meds for 2 copayments:
  - UC pharmacies
  - Mail-order
- Some meds require prior authorization
- *New:* Specialty meds: through CuraScript
- + Medicare: $R_x$ OOP Max: $4,550
FFS Plan Overview
About FFS plans…

• Fee-for-Service
• Custom plans for UC
  – Core Medical
  – High Option
• Administered by Anthem Blue Cross
• Not NCQA accredited
Core overview

• Without Medicare: 😞
  – Catastrophic-only plan
    • High deductible/high Out-of-Pocket Maximum
  – Some PPO features

• + Medicare: 😊
  – Comprehensive coverage
How does Core work?

**In-Network**
- Self-refer to Blue Cross preferred providers
  1. $3,000 deductible – Per person, per year
  2. 20% coinsurance
  3. $7,600 Out-of-Pocket Maximum – Per person, per year
- Coverage described above applies to medical, pharmacy & behavioral health

**Out-of-Network**
- Self-refer to non-Blue Cross providers
  1. $3,000 deductible – Per person, per year
  2. 20% coinsurance
  3. $7,600 Out-of-Pocket Maximum – Per person, per year
- + “balance billing” if provider is not preferred
Core + Medicare

- Medicare primary, Core secondary
- Caution: must use Medicare providers

<table>
<thead>
<tr>
<th></th>
<th>Core</th>
<th>Core + Medicare</th>
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<tbody>
<tr>
<td>1</td>
<td>Deductible $3,000</td>
<td>$100</td>
</tr>
<tr>
<td>2</td>
<td>Coinsurance 20%</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>Out-of-Pocket Maximum $7,600</td>
<td>$1,260</td>
</tr>
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</table>
Advantages of Core 😊

- No monthly premium
- No PCP, self-refer to specialists
- Large, national provider network
- Out-of-Network/world-wide coverage
- Chiropractic/acupuncture coverage
- Drug expenses apply toward Out-of-Pocket Maximum
- No cost preventive care
  - + Medicare: use any Medicare provider
  - + Medicare: maximum Part B reimbursement
  - + Medicare: lowest Out-of-Pocket Maximum (except for High Option)
  - + Medicare: lowest $R_x$ Out-of-Pocket Maximum
Limits of Core 😞

- **High** deductible/Out-of-Pocket Max (non-Medicare)
- No coverage for hearing aids
  - + Medicare: must use Medicare providers
  - + Medicare: no coverage for hearing aids
  - + Medicare: no coverage for sexual dysfunction

$R_X$
Core behavioral health

• 80% coverage after $3,000 deductible (no separate mental health benefit)
  – Preferred providers cannot balance bill
• + Medicare: no separate mental health benefit
  – $100 deductible applies
  – 20% coinsurance
  – $1,260 Out-of-Pocket Maximum
  – Must use Medicare providers
Core $R_x$

- Drug expenses apply toward your deductible/Out-of-Pocket Maximum
- **New**: Formulary and Prior Authorization for some meds
  - **New**: Automatic generic substitution
  - + Medicare: $10/$25/$40 copayments
  - + Medicare: 90-day supplies for 2 copays
    - UC pharmacies
    - Mail-order
  - + Medicare: $1,000 $R_x$ Out-of-Pocket Max
- **New**: + Medicare: Specialty meds: through CuraScript
- + Medicare: Some meds require prior authorization
About High Option…

• For most services, plan pays 100% of balance after Medicare
• $50 annual deductible, 20% coinsurance applies only to services not covered by Medicare
  – Example: acupuncture
• Routine preventive care not covered
  – New: May be covered by Medicare
## High Option coverage

- Medicare primary, High Option secondary
- Caution: must use Medicare providers

<table>
<thead>
<tr>
<th></th>
<th>High Option</th>
<th>Not covered by Medicare*</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Deductible</td>
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<tr>
<td>2</td>
<td>Coinsurance</td>
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</tr>
<tr>
<td>3</td>
<td>Out-of-Pocket Maximum</td>
<td>$1,050</td>
</tr>
</tbody>
</table>

* Acupuncture
* TMJ
* Outpatient private duty nurse
* Diabetes education
* DME if not covered by Medicare
* Services outside U.S.A.
Advantages of High Option 😊

- Pay **nothing** for most services
- Use any Medicare provider
- Chiropractic/acupuncture coverage
- Lowest $R_x$ Out-of-Pocket Maximum ($1,000$)
Limits of High Option 😞

- Highest monthly premium (no Part B reimbursement)
- Must use Medicare providers
- No coverage for hearing aids
- No coverage for sexual dysfunction $R_x$
- $500$ annual limit on acupuncture
High Option behavioral health

• No separate behavioral health plan
• Must use Medicare providers
• No coinsurance for most services
High Option $R_x$

- **Generic**: $10/30$-day supply
  - *New*: automatic generic substitution
- **Brand name**: $25/30$-day supply
- **Non-formulary**: $40/30$-day supply
- **$90$-day supplies of meds for $2$ copayments**:  
  - UC pharmacies
  - Mail-order
- **$1,000 \, R_x$ Out-of-Pocket Maximum**
- *New*: Specialty meds: through CuraScript
- Some meds require prior authorization
UC Living Well
Kaiser HealthWorks

• Take a Health Assessment online, get custom wellness information
• Interactive online programs connect members with weight loss, nutrition, stress management, chronic pain, smoking cessation & disease management programs
• UC Living Well
  – http://uclivingwell.ucop.edu
StayWell Health Management

• Members of all non-Kaiser medical plans
• Complete (1) a Health Assessment and (2) a follow-up activity based on risks:
  – $100 gift card for vendor of your choice for completion (online or paper form)
  – Spouse: $50 gift card
  – Deadline for (1) and (2): 12/15/2011
StayWell Health Management

• Wellness benefits (cont.):
  – Access to extensive online health resources and interactive tools
    • “Look It Up” drug research, self-care information, create reminders for preventive screenings
  – Health Improvement Programs include access to a health coach by phone, online or mail

• UC Living Well
  – http://uclivingwell.ucop.edu
  – 1-800-721-2693
Conclusion
Choosing a plan…

• Every plan has a different drug formulary
• Match your priorities with the services available
• Do a cost/benefit analysis based on plan premiums and your expected medical, behavioral and pharmacy needs
• Review the Evidence of Coverage
  – At Your Service → Open Enrollment
Making a change…

• Open Enrollment is online until 5 p.m. on 11/23
  – You can request a form or make changes over the phone by calling 1-800-888-UCOP
• Remember to get a confirmation number
• Remember, you can always change again next open enrollment…
Have QUESTIONS regarding your UC health plan coverage?

... call your Health Care Facilitator today

Glenn Rodriguez
Health Care Facilitator
UC Irvine

(949) 824-9065
(949) 824-3057 Fax
glennr@uci.edu
What is a Health Care Facilitator?

UC Health Care Facilitators help faculty, staff and eligible members better understand UC-sponsored health plans and provide FREE, CONFIDENTIAL assistance in resolving benefit and service issues. They work from benefits offices at all UC campuses, medical centers and laboratories.

The HCF office at UC Irvine is located at:
111 Theory, Suite 200
Irvine, CA 92697-4600

Medical Center by appointment:

- Jan 14, 28
- Feb 11, 25
- Mar 11, 23
- Apr 8, 22
- May 6, 20
- Jun 3, 17
- Jul 1, 15, 29
- Aug 12, 26
- Sep 9, 23
- Oct 7, 21
- Nov 4, 18

Before contacting your Health Care Facilitator:

- Contact your doctor's office
- Contact your Medical Group
  - Most medical groups have patient assistance department that can help you find a doctor, resolve billing problems, or obtain referrals for services
- Contact your Health Plan
  - Your health plan has customer service representatives who can answer your questions regarding the plan’s benefits
- If you still NEED HELP, call your Health Care Facilitator

Your Health Care Facilitator does NOT:
- Provide medical or legal advice
- Act as a patient care advocate for services/benefits that are not offered by UC’s plans
- Suggest treatment plans

For more information and resources offered by the Health Care Facilitator at UC Irvine, visit:

http://www.hr.uci.edu/hcf/