Open Enrollment
Enroll: Oct. 25 – Nov. 20, 2018

UC Retiree Medical Plans

UC Davis Health Care Facilitator Program

Presented by Guerren Solbach
—Agenda—

◆ Your Options
◆ Making Changes
◆ Medicare and UC
◆ Plan Overviews
◆ Conclusion
—Your Options—
—Your options—

◆ UC offers a menu of medical plan options
  ◊ HMO plans
  ◊ PPO plans

◆ Availability determined by zip code/county
  ◊ HMOs not available outside urban CA
  ◊ See Medical Plan Availability Tool (Excel) on HCF site
—UC medical plans—

- **HMOs**
  - Kaiser Permanente/Senior Advantage
  - UC Blue & Gold HMO/Health Net Seniority Plus
  - Western Health Advantage

- **PPOs**
  - Core Medical
  - UC Care
  - UC High Option
  - UC Medicare PPO
  - UC Medicare PPO w/o Prescription Drugs
—Medical plan premiums—

◆ 100% of UC contribution: see rate chart
◆ Graduated Eligibility:
  ◇ During OE, Log on to At Your Service Online (password)
  ◇ Or, use Retiree Premium Estimator (Excel) on HCF Program site (year round)
  ◇ Or, call Customer Service at 1-800-888-UCOP
◆ % of UC contribution is printed above address stamp

85
IMA RETIREE
1 SHIELDS AVE
DAVIS CA 95616-9999
—Medical plan premiums—

◆ Retirees age 65+ not eligible for Medicare
  ◊ Rates increasing for next 3 years
◆ Medicare Part B reimbursement
  ◊ Will you have a net premium to pay?
—About UC medical plans—

- Preventive care generally provided at no cost
- Medical benefits can be separate from Mental Health benefits and Pharmacy benefits
- For details, see Plan Booklets (Evidence of Coverage documents)
  - ucal.us/oe
Making Changes
—Making changes—

Open Enrollment

- Open Enrollment: Changes effective January 1
- Move outside plan service area
- Adding newly eligible family member
- No pre-existing conditions exclusions
Open Enrollment for 2019

- Changes made on At Your Service Online: ucal.us/oe
- Remember to get a Confirmation Number
- No online access? Locked out of the website? Call the Retirement Administration Service Center at 1-800-888-UCOP
- Additional paperwork may be required if Medicare-eligible
If you like what you have...do nothing

...except read your Open Enrollment booklet!

This includes WHA and UC Health Savings Plan members who will be 65 next year
—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
    ◆ **$135.50**/month if newly enrolled in 2019
      ◇ ~**$130**/month for those getting SS income
    ◆ Costs more if MAGI >$85K/year ($170K for couples)
—UC’s Medicare requirements—

◆ Retirees and their family members must 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 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 sign over 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—

1. Medicare primary

2. Anthem Blue Cross plans are secondary
   - Medicare providers must be used
     - **Exception:** behavioral health providers
     - Ask if accepting new Medicare patients
     - ~96% of U.S. physicians participate in Medicare
     - Providers that do not accept “assignment” can charge up to 15% more
—Medicare Part D—

◆ Subsidizes medical plan premiums
◆ UC Part D plans: no “doughnut hole”
◆ **Form** required if choosing a new plan
More on Part D—

- Duplicate Part D coverage not allowed
- Enrollment in a non-UC Part D plan may result in loss of coverage
  - Exception: UC Medicare PPO without $R_x$
—Mixed Medicare families—

<table>
<thead>
<tr>
<th>Non-Medicare family members</th>
<th>Family members with Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Medical</td>
<td>UC Medicare PPO</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>Kaiser Permanente Senior Advantage</td>
</tr>
<tr>
<td>UC Blue &amp; Gold HMO (Health Net)</td>
<td>Health Net Seniority Plus</td>
</tr>
<tr>
<td>UC Care</td>
<td>UC Medicare PPO</td>
</tr>
</tbody>
</table>
Medicare retirees outside CA

- Insurance broker (formerly OneExchange)
  - Sells local Medicare supplement plans inside U.S.A.
- All covered family members must have Medicare
- Does not affect Dental/Vision/Legal coverage
UC provides premium support
- Health Reimbursement Account (HRA)
- $3,000 per covered person
  - Subject to graduated eligibility

Use HRA money to buy Medigap or Medicare Advantage plans, pay for Medicare Parts B/D

Catastrophic Coverage Special Payments for $X
—HMO Plan Overview—
—About HMOs—

◆ The insurance company prepays a monthly, per capita rate (capitation) to each Medical Group
  ◊ Primary Medical Group is responsible for your care that month
  ◊ Each family member can have a different PCP/group

◆ You choose a Primary Care Physician (PCP) who acts as your gatekeeper to care through the Medical Group
  ◊ Exception: emergencies covered anywhere; call 911 or go to the nearest hospital. Let PCP know ASAP.
  ◊ PCP must be within 30 miles of home
  ◊ To change PCPs, call plan
HMO coverage: Copayments

- Physician office visit: $20
- ER: $75 (Medicare: $65)
  - Emergencies covered worldwide
- Outpatient surgery: $100
- Inpatient hospitalization: $250
- Behavioral health outpatient: $20
- Behavioral health inpatient: $250
### HMO Behavioral Health

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Behavioral Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente</td>
<td>Go through PCP and/or Optum</td>
</tr>
<tr>
<td>Kaiser Permanente Senior Advantage</td>
<td>Go through PCP</td>
</tr>
<tr>
<td>Health Net Seniority Plus</td>
<td>MHN: Managed Health Network</td>
</tr>
<tr>
<td>UC Blue &amp; Gold HMO (Health Net)</td>
<td><strong>New for 2019:</strong> MHN (Managed Health Network)</td>
</tr>
<tr>
<td>Western Health Advantage</td>
<td>Optum</td>
</tr>
</tbody>
</table>
Non-Medicare HMO $R_x$

<table>
<thead>
<tr>
<th>$R_x$ 30-day supplies</th>
<th>UC Blue &amp; Gold HMO</th>
<th>Kaiser Permanente</th>
<th>WHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (generic, formulary)</td>
<td>$5</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td>Tier 2 (brand name, formulary)</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Tier 3 (non-formulary)</td>
<td>$40</td>
<td>N/A</td>
<td>$40</td>
</tr>
</tbody>
</table>

Some meds require prior authorization
—HMO \( R_x \) 90-day supplies for 2 copays—

- **UC pharmacies**
  - Does not apply to Kaiser
- **Mail-order**
  - Kaiser: 100-day supply
- **Some local retail pharmacies**
  - UC Blue & Gold HMO (Health Net): CVS
  - WHA: Costco, CVS, Walgreens, and others
## HMO copayment maximums

<table>
<thead>
<tr>
<th></th>
<th>UC Blue &amp; Gold HMO</th>
<th>Kaiser Permanente*</th>
<th>WHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket maximum</td>
<td>$1,000/person</td>
<td>$1,500/person</td>
<td>$1,000/person</td>
</tr>
<tr>
<td></td>
<td>$3,000/family</td>
<td>$3,000/family</td>
<td>$3,000/family</td>
</tr>
</tbody>
</table>

* Kaiser maximum does not include Optum copayments
### HMO $R_x$: Medicare Part D

<table>
<thead>
<tr>
<th>$R_x$ 30-day supplies</th>
<th>Health Net Seniority Plus</th>
<th>Kaiser Senior Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong> (generic, formulary)</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td><strong>Tier 2</strong> (brand name, formulary)</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Tier 3</strong> (non-formulary)</td>
<td>$40</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>$R_x$ Out-of-Pocket Max</strong></td>
<td>$2,000</td>
<td>$5,100</td>
</tr>
</tbody>
</table>
HMO Rx: Part D 90-day supplies

- Retail pharmacies: 3 copayments
- UC pharmacies: 2 copayments
  - Does not apply to Kaiser
- Mail order: 2 copayments
  - Kaiser: 100-day supplies
—Medicare HMO copay limits—

<table>
<thead>
<tr>
<th>Health Net Seniority Plus</th>
<th>Kaiser Permanente Senior Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500/person</td>
<td>$1,500/person</td>
</tr>
<tr>
<td></td>
<td>$3,000/family</td>
</tr>
</tbody>
</table>

*Maximums do not include Rx copayments*
Kaiser Permanente/Senior Advantage

- Kaiser Foundation Health Plan contracts with one large group, the Permanente Medical Group
- Available in most of urban California
- Advanced electronic medical records, online tools, My Health Manager mobile app
- Clinics tend to offer pharmacies, imaging, laboratories, urgent care all at one location
—Kaiser Permanente/Senior Advantage—

- Classes, pamphlets, videos on a wide variety of health topics
- Disease Management programs
- Rx: 30-/60-/100-day supplies at 1x/2x/3x copays
  - Must use Kaiser pharmacies
  - Mail order: 100-day supply for 2x copays
—Kaiser Permanente vs. Senior Advantage—

**Kaiser Permanente**
- $1,500 out of pocket limit includes Rx
- Hearing aids: $1,000 allowance per aid per ear, every 36 months
- Allergy shots: $5
- + Optum behavioral health
- Acupuncture/chiropractic 24 visit limit (American Specialty network)

**Senior Advantage**
- Rx out of pocket limit: $5,100
- Hearing aids: $2,500 allowance per aid per ear, every 36 months
- $150 allowance for eye glass frames and lenses every 24 months
- No American Specialty acupuncture
- Allergy shots: $3
UC Blue & Gold HMO/Seniority Plus—

Health Net®

- Large provider network
  - Special directory for UC Davis Medical Group
- Available in most of urban California

Decision Power:
- Track your health issues/knowledge base
- Health coach (nurse, respiratory therapist, dietitian)
- 24-hour nurse line, case managers, healthy discounts
—UC Blue & Gold HMO/Seniority Plus—

Health Net

- Disease Management programs
- **Omada Health** weight loss and management program (for those with diabetes and heart risks)
- **Welvie** surgery decision program
- **Quit for Life** program: Smoking cessation phone based behavioral coaching
- Telemedicine consults 24/7 through **MDLive Teladoc**
  - No copay virtual urgent care visit; less than 1 hour wait
UC Blue & Gold HMO/Seniority Plus—

- Hearing aids: 2 aids every 36 months; $2,000 benefit max
- Allergy shots: $20
- Pharmacy Benefit Manager: CVS/Caremark
- Be sure to specify a PCP when choosing either plan
—UC Blue & Gold HMO vs. Seniority Plus—

UC Blue & Gold HMO

- Does not offer local Sutter groups
- $75 ER copay
- $1,000 per person out of pocket limit for medical, mental health and $R_x$

Health Net Seniority Plus

- Does offer Sutter groups
- $65 ER copay
- $1,500 per person out of pocket limit for medical & mental health
- $2,000 $R_x$ OOP limit
—UC Blue & Gold HMO vs. Seniority Plus—

**UC Blue & Gold HMO**
- 90-day supplies @ local CVS pharmacies
- Acupuncture/chiropractic 24 visit limit (American Specialty network)
- Mental health (new): MHN

**Health Net Seniority Plus**
- No acupuncture
- Eye glasses: $100 frame allowance; lenses covered in full; every 24 months
- Silver & Fit fitness clubs
- Mental health: MHN
—Western Health Advantage—

◆ Local health plan, only available in certain Northern CA counties
◆ Owned in part by Mercy and NorthBay hospitals
◆ Yes, UC employees/retirees can choose UC Davis Medical Group
◆ Travel insurance: Assist America
◆ Allergy shots: $5
More about WHA

- Pharmacy Benefit Manager: Express Scripts
  - Rx 90-day supplies @ local UC Davis, Costco, CVS, Walgreens, and other pharmacies for 2 copayments
- Chiropractic/acupuncture (self-refer to Landmark providers): $20 (24 visits/person/year combined)
- Discounts on gym memberships
- New for 2019: Real Appeal Effect: Pre-diabetes virtual coaching, app, digital scale, pedometer, etc.
- Be sure to specify a PCP when choosing this plan
—PPO Plan Overview—
Large Preferred Provider network:

- In California: 60,000+ Blue Cross network Anthem Preferred providers (87% of doctors) including 400+ network hospitals (90% of facilities)
- More than 96% of hospitals and 92% of physicians across the country are Blue Cross/Blue Shield (BlueCard) providers
- Preferred providers in 200+ foreign countries

ucppopplans.com
◆ UC-dedicated customer service
◆ 24/7 nurse line & behavioral health resource center
◆ Variety of online tools & mobile app
  ◇ **LiveHealth Online** medical and psychology care
    ◆ new for 2019: $20 for Medicare PPOs
  ◇ **Castlight** personalized cost estimator
  ◇ **myStrength** behavioral health site
—Core Medical—

- Custom PPO for UC
- No cost preventive care
- For everything else:
  “Catastrophic” coverage
Core coverage

Anthem Preferred Providers
1. $3,000 deductible
   - Per person per year
2. 20% coinsurance
3. $6,350 out-of-pocket limit
   - Per person, per year
   - $12,700 per family

Out-of-network providers
1. $3,000 deductible
   - Per person, per year
2. 20% coinsurance
3. $6,350 out-of-pocket limit
   - Per person, per year
   - $12,700 per family
   ◇ Balance billing
## Core Coverage

<table>
<thead>
<tr>
<th>Self Only Coverage</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Deductible</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>2: Coinsurance</td>
<td>20%</td>
<td>20% + balance</td>
</tr>
<tr>
<td>3: Out-of-Pocket Limit</td>
<td>$6,350</td>
<td>$6,350 + balance</td>
</tr>
</tbody>
</table>
- No flat copays; covered like medical
- Drug expenses apply toward your deductible/out-of-pocket limit
Behavioral health covered the same way medical and pharmacy are covered

Coverage not “carved out”
—Advantages of Core 😊—

♦ No monthly premium
♦ One deductible, out-of-pocket limit whether in-or out-of-network
♦ No PCP, self-refer to specialists
♦ Large, national preferred provider network
♦ Out-of-network/world-wide coverage
♦ LiveHealth Online 24/7 telemedicine
  ◇ $49/visit until deductible is met
Limits of Core 😞

- **High** deductible per person & per family
- **High** out-of-pocket limit per person & per family
- No coverage for hearing aids
- Out-of-network coverage severely limited
  - Outpatient surgery @ surgery center: 80% of $350
  - Hospital: 80% of $600/day
- Chiropractic/acupuncture 24 visit limit
- **Preauthorization** required for imaging, inpatient services, in-office injections, bariatric surgery, transplants & more
—Core: Family members w/ Medicare—

- Partner plan: UC Medicare PPO
- Retirees who enroll in Core won’t see “UC Medicare PPO” as an option on At Your Service Online
—UC Care—
—UC Care—

Custom plan for UC

Like a standard PPO, but with two levels of in-network providers

◇ Choose regular Anthem Preferred providers and pay 20%
◇ Or, access a special UC Select provider network for low copayments
UC Care coverage

♦ Tier 2: Anthem Preferred
1. $250 deductible
   ◦ Per person per year
   ◦ $750 for 3 or more
2. 20% coinsurance
3. $6,600 out-of-pocket limit (includes Rx)
   ◦ Per person, per year
   ◦ $13,200 per family

♦ Tier 3: Out-of-Network
1. $500 deductible
   ◦ Per person, per year
   ◦ $1,500 for 3 or more
2. 50% coinsurance
3. $8,600 out-of-pocket limit (includes Rx)
   ◦ Per person, per year
   ◦ $19,200 for 3 or more

♦ Balance billing
—UC Care Tier 1: UC Select providers—

- All UC medical centers and select other providers located near UC campuses (CA only)
- Certain services for flat copayments:
  - Physician office visit: $20
  - Urgent Care (not just UC Select): $30
  - ER (not just UC Select), ambulance: $200
  - Outpatient surgery: $100
  - Inpatient hospitalization: $250
  - LiveHealth Online 24/7 telemedicine: $20

Multiple copays can apply per service
# UC Care coverage

<table>
<thead>
<tr>
<th>Self only coverage</th>
<th>UC Select</th>
<th>Anthem Preferred</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Deductible</td>
<td>None</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td>2: Coinsurance</td>
<td>Flat</td>
<td>20%</td>
<td>50% + balance</td>
</tr>
<tr>
<td></td>
<td>copayments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Out-of-Pocket Limit</td>
<td>$5,100</td>
<td>$6,600</td>
<td>$8,600 + balance</td>
</tr>
</tbody>
</table>
--UC Care Rx--

1. **Generic:** $5/30-day supply
2. **Brand name:** $25/30-day supply
3. **Non-formulary:** $40/30-day supply
   - 90-day supplies for 2 copays:
     - UC pharmacies
     - Costco, CVS, Safeway/Vons, Walgreens
     - Mail order: Express Scripts
4. **Specialty Rx:** 30% up to $150/script (UC pharmacies or Accredo)
—UC Care mental health coverage—

- Use Anthem Preferred providers
- Outpatient visits 1-3, no copay; additional visits $20
Advantages of UC Care 😊

- Low copays for care from UC Select providers, network urgent care providers, and LiveHealth Online
- Low deductible for Anthem Preferred providers
- No PCP, self-refer to medical providers
- Large, national preferred provider network
- Out-of-network/world-wide coverage
- Low copayments for $R_x$ compared to other PPOs
Limits of UC Care 😞

- Highest premiums & out of pocket limits per person & per family
- Many services not available at UC Select level of coverage
- UC Select tier: Multiple copayments can apply per service
- Acupuncture/chiropractic limited to 24 visits combined
- Out-of-network coverage severely limited
  - Outpatient surgery @ surgery center: 50% of $350
  - Hospital: 50% of $600/day
- Preauthorization required for imaging, inpatient services, in-office injections, bariatric surgery, transplants & more
- Specialty drugs have especially high copays
—UC Care: Family w/ Medicare—

- Partner plan: UC Medicare PPO
- Retirees who enroll in UC Care won’t see “UC Medicare PPO” as an option on At Your Service Online
—UC Medicare PPO—
About UC Medicare PPO—

- Medicare pays first for covered services
- Anthem Blue Cross pays second
- You pay the balance
  - ~4% if covered by Medicare (20% of the 20% Medicare didn’t pay)
  - 20% after $100 deductible if not covered by Medicare
- New for 2019: LiveHealth Online: $20
UC Medicare PPO coverage

◆ Medicare-covered services
  1. Deductible N/A
  2. 4% (20% of the 20% balance left after Medicare pays first)
  3. $1,500 out-of-pocket limit
     ◆ Per person, per year

◆ Services not covered by Medicare
  1. $100 deductible
     ◆ Per person, per year
  2. 20% coinsurance
  3. $1,500 out-of-pocket limit
     ◆ Per person, per year
UC Medicare PPO coverage

- Medicare primary, Medicare PPO secondary
- Caution: must use Medicare providers (exception: mental health providers) unless not covered by Medicare
- Deductible only applies if not covered by Medicare (but covered by plan)

<table>
<thead>
<tr>
<th>Self only coverage</th>
<th>Not covered by Medicare*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Deductible</td>
<td>$100</td>
</tr>
<tr>
<td>2: Coinsurance</td>
<td>20%</td>
</tr>
<tr>
<td>3: Out-of-Pocket Limit</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

Examples:
* Acupuncture
* Hearing aids
* MFTs
* Services outside U.S.A.
—UC Medicare PPO Rx—

1. **Generic:** $10/30-day supply
2. **Brand name:** $30/30-day supply
3. **Non-formulary:** $45/30-day supply

◆ 90-day supplies available for 2 copays:
  ◇ UC pharmacies
  ◇ Costco, CVS, Safeway/Vons, Walgreens
  ◇ Mail order: Express Scripts

◆ Some meds require prior authorization

◆ **Out-of-pocket limit:** $5,100

◆ Select Generics: $0
UC Medicare PPO mental health

- Behavioral health coverage not “carved out”
- Use Medicare providers for better coverage
  - Or, use non-Medicare providers (pay 20%)
Advantages of UC Medicare PPO 😊

- Use any Medicare provider for Medicare-covered services
- Use any licensed provider for behavioral health services
- Low, 4% coinsurance
- Comprehensive, world-wide coverage
- Acupuncture coverage
- Hearing aid coverage at 80%
—Limits of UC Medicare PPO 😞—

◆ Acupuncture visits limited to 24 visits per year
◆ Must use Medicare providers for non-behavioral health services
◆ $5,100 Rx out-of-pocket max too high to help
◆ Local Sutter primary care physicians (not specialists) not accepting new Medicare patients
UC High Option
—About UC High Option—

- For most services, plan pays 100% of balance after Medicare; you pay nothing
- $50 annual deductible, 20% coinsurance applies only to services not covered by Medicare
  - Example: Acupuncture
- New for 2019: LiveHealth Online: $20
---UC High Option coverage---

- Medicare primary, High Option secondary
- Caution: must use Medicare providers unless not covered by Medicare (exception: mental health providers)
- Deductible only applies if not covered by Medicare (but covered by plan)

<table>
<thead>
<tr>
<th>Self only coverage</th>
<th>Not covered by Medicare*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Deductible</td>
<td>$50</td>
</tr>
<tr>
<td>2: Coinsurance</td>
<td>20%</td>
</tr>
<tr>
<td>3: Out-of-Pocket Limit</td>
<td>$1,050</td>
</tr>
</tbody>
</table>

Examples:
* Acupuncture
* Hearing aids
* MFTs
* Services outside U.S.A.
—UC High Option behavioral health—

- Behavioral health coverage not “carved out”
- No coinsurance for services covered by Medicare
  - Use Medicare providers for better coverage
  - Or, use non-Medicare providers (pay 20%)
—UC High Option $R_x$—

1. **Generic:** $10/30$-day supply
2. **Brand name:** $30/30$-day supply
3. **Non-formulary:** $45/30$-day supply

- 90-day supplies available for 2 copays:
  - UC pharmacies, Costco, CVS, Safeway/Vons, Walgreens
  - Mail order: Express Scripts
- Some meds require prior authorization
- **Out-of-pocket limit:** $1,000

- Select Generics: $0
Advantages of UC High Option 😊

- Pay **nothing** for most services
- Use any Medicare provider
- Use any licensed provider for behavioral health services
- Hearing aid coverage at 80%
- Acupuncture coverage
- Lowest $R_x$ out-of-pocket limit ($1,000$)
Limits of UC High Option 😞

- Highest monthly premium
- Must use Medicare providers for non-behavioral health services
- 24-visit annual limit on acupuncture
- Local Sutter primary care physicians (not specialists) not accepting new Medicare patients
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 Plan Booklets (Evidence of Coverage)
  ◇ ucal.us/oe
—Making a change—

◆ Open Enrollment is online until 5 p.m. on 11/20
  ◊ You can request a form or make changes over the phone by calling 1-800-888-UCOP (8267)
◆ Remember to get a confirmation number
◆ Medicare members may have additional paperwork
◆ Remember, you can always change again during the next Open Enrollment...
—Help is available—

Health Care Facilitator Program

◆ Guerren Solbach:
  ◦ (530) 752-4264

◆ Erika Castillo:
  ◦ (530) 752-7840

hr.ucdavis.edu/hcf
UC Retiree Medical Plans

UC Davis Health Care Facilitator Program

Presented by Guerren Solbach