

COBRA/Continuation of Group Coverage

Mailing Addresses and Premium Information Effective: January 1, 2004–December 31, 2004

- If you're changing medical or dental plans, please call the new carrier before completing the form to verify that coverage is available in your area.
- Please call the carrier regarding eligibility for you and your family members.
- Read the *Continuation of Group Insurance Coverage* notice for more details. This notice is available from our website (<http://atyourservice.ucop.edu>), from your Benefits Office, or from UC HR/Benefits Customer Service (1-800-888-8267).
- **Kaiser Umbrella:** For Kaiser Umbrella plans, call the phone number on your I.D. card about COBRA options that may be available under your plan.
- **HCRA:** For COBRA information regarding the Health Care Reimbursement Account (HCRA), please call SHPS, Inc., at 1-877-270-3915.

Medical Program

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

	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
--	------	-------------------------	--------------------	------------------------------------

<p>Blue Cross PLUS (Available only to employees and annuitants who were employed at California locations) Blue Cross P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975</p>	\$345.61	\$622.11	\$725.78	\$1,002.28
<p>Blue Cross PPO (Available only to employees and annuitants who were employed at California locations) Blue Cross P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975</p>	\$420.83	\$757.48	\$883.73	\$1,220.39
<p>Core Medical Plan (California) Blue Cross P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975</p>	\$48.96	\$87.72	\$100.98	\$139.74
<p>Core Medical Plan (New Mexico) Blue Cross P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975</p>	\$153.00	\$275.40	\$321.30	\$442.68

Medical Program

MONTHLY PREMIUM INFORMATION

(for 18-month and 36-month COBRA/continuation periods only)

	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
Definity Health <i>(Available only to UCSB and UCSF employees)</i> Please contact your Benefits Office for more information.	\$291.25	\$524.26	\$597.17	\$830.17
Health Net Membership Department File # 52630 Los Angeles, CA 90074-2630 Attn: COBRA Direct Pay 1-800-522-0088 Group Policy No. 50478T (Include policy no. on envelope)	\$270.37	\$486.67	\$567.77	\$784.07
High Option Plan <i>(Available only to those who are currently enrolled)</i> Blue Cross P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975	\$1,755.42	\$2,716.26	\$3,308.88	\$4,270.74
Kaiser Foundation Health Plan, Inc.—California For Kaiser North: Kaiser Permanente California Service Center Direct Pay North P.O. Box 23059 San Diego, CA 92193-3059 1-888-236-4490 Group Policy No. 7-5000	\$247.82	\$446.08	\$520.42	\$718.67
For Kaiser South: Kaiser Permanente Attn: COBRA DPA Unit P.O. Box 23127 San Diego, CA 92193-3127 1-888-236-4490 Group Policy No. 1026XX-36	\$247.82	\$446.08	\$520.42	\$718.67
Kaiser Foundation Health Plan, Inc.— Mid-Atlantic Plan <i>(Available only to those living in plan's service area)</i> 2101 E. Jefferson St. Rockville, MD 20849 Attn: Membership Accounting/Loretta Bonhomme 301-625-6107 Group Policy No. 15050-0	\$324.35	\$583.83	\$681.14	\$940.61

Medical Program

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

	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
--	------	-------------------------	--------------------	------------------------------------

<p>PacifiCare of California MS CY24-597 5701 Katella Ave. Subscriber Receivables Cypress, CA 90630-5019 1-800-591-9911, ext. 11553 Fax: 714-226-5168</p>	\$252.64	\$454.76	\$530.54	\$732.65
<p>PacifiCare of Nevada CO84-215 P.O. Box 6975 Englewood, CO 80155-9810 Group Policy No. 87205 1-800-342-3347, ext. 5474 Fax: 480-303-7882</p>	\$423.35	\$762.02	\$889.02	\$1,227.69
<p>UHC iPlan <i>(Available only to LANL employees living in New Mexico)</i> UHCDirectBill COBRA Business Unit P.O. Box 224708 Dallas, TX 75222 1-866-747-0048</p>	\$335.79	\$604.43	\$705.17	\$973.80
<p>UHC Options PPO <i>(Available only to those living in the New Mexico PPO service area)</i> UHCDirectBill COBRA Business Unit P.O. Box 224708 Dallas, TX 75222 1-866-747-0048</p>	\$413.10	\$743.58	\$867.50	\$1,197.98
<p>UHC Options PPO National/Out-of-Area <i>(Available only to those not living in the New Mexico PPO service area)</i> UHCDirectBill COBRA Business Unit P.O. Box 224708 Dallas, TX 75222 1-866-747-0048</p>	\$320.60	\$577.09	\$673.26	\$929.74
<p>UHC Select EPO UHCDirectBill COBRA Business Unit P.O. Box 224708 Dallas, TX 75222 1-866-747-0048</p>	\$331.71	\$597.09	\$696.59	\$961.96

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

	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
Western Health Advantage COBRA Enrollment 1331 Garden Highway, Suite 100 Sacramento, CA 95833-9773 916-563-2252 or 888-563-2252 Group Policy No. 00-1021	\$259.36	\$466.84	\$544.65	\$752.14
Dental Program				
Delta Dental Plan of California Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 Attn: COBRA 1-800-296-0192 Group Policy No. 4999	\$33.96	\$68.78	\$63.32	\$112.28
PMI Dental Plan <i>(Available only to California residents)</i> 12898 Towne Center Drive Cerritos, CA 90703 Attn: Eligibility/COBRA 1-800-422-4234 or 562-924-8311 Group Policy No.: None needed	\$19.82	\$34.25	\$34.01	\$48.37
Vision Program				
Vision Service Plan P.O. Box 997100 Sacramento, CA 95899-7100 Attn: COBRA 916-851-4636 or 1-800-852-7600, ext. 4636 Group Policy No. 00-101923	\$13.74	\$13.74	\$13.74	\$13.74