

COBRA Continuation of Group Coverage

Mailing Addresses and Premium Information Effective: January 1, 2007–December 31, 2007

- If you're changing medical or dental plans or enrolling in another program (medical, dental, vision plan), 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.
- Please see the UC HR/Benefits website (atyourservice.ucop.edu) or call your Benefits Office or the UC Customer Service Center (1-800-888-8267) for more information.
- **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.
- If you were enrolled in a medical plan for Medicare enrollees before the COBRA qualifying event, call Customer Service (1-800-888-8267) for premium amounts for the Medicare plans.

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)
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<p>Blue Cross PLUS <i>(Available only to those who live or work in plan's service area)</i> Blue Cross of California Blue Cross UC Customer Service P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975</p>	\$483.60	\$870.49	\$1,015.57	\$1,402.45
<p>Blue Cross PPO Blue Cross of California Blue Cross UC Customer Service P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975</p>	\$490.29	\$882.52	\$1,029.61	\$1,421.84
<p>Core Medical Plan Blue Cross of California Blue Cross UC Customer Service P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975</p>	\$48.96	\$87.72	\$103.02	\$141.78
<p>Definity Health—California <i>(Available only to UCSB and UCSF employees)</i> Please contact your Benefits Office for more information.</p>	\$313.18	\$563.70	\$657.66	\$908.19

Medical Program

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Health Net <i>(Available only to those who live in plan's service area)</i> Membership Department 11971 Foundation Place C-MS 903-02-02 Rancho Cordova, CA 95670 Attn: COBRA Direct Pay 800-977-2207 Fax: 916-935-3801 Group Policy No. 50478 (Include policy no. on envelope)	\$359.94	\$647.88	\$755.86	\$1,043.81
High Option Plan <i>(Available only to those who are currently enrolled)</i> Blue Cross of California P.O. Box 629 Woodland Hills, CA 91365 1-888-209-7975	\$2,148.12	\$3,339.48	\$4,055.52	\$5,247.90
Kaiser Foundation Health Plan, Inc.—California For Kaiser North: <i>(Available only to those who live or work in plan's service area)</i> Kaiser Permanente Attn: DPA P.O. Box 23059 San Diego, CA 92193-3059 1-888-236-4490 Fax: 858-614-3344 Group Policy No. 7-5000	\$318.71	\$573.68	\$669.29	\$924.25
For Kaiser South: <i>(Available only to those who live or work in plan's service area)</i> Kaiser Permanente Attn: DPA P.O. Box 23127 San Diego, CA 92193-3127 1-888-236-4490 Fax: 858-614-3345 Group Policy No. 1026XX-36	\$318.71	\$573.68	\$669.29	\$924.25

Medical Program

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Kaiser Foundation Health Plan, Inc.— Mid-Atlantic Plan <i>(Available only to those who live or work in plan's service areas in MD, VA, or DC)</i> 2101 E. Jefferson St. Rockville, MD 20852 Attn: Membership Accounting 1-301-816-5738 Group Policy No. 15050-0	\$405.93	\$730.68	\$852.44	\$1,177.19
PacifiCare of California <i>(Available only to those who live or work in plan's service area)</i> Direct Bill COBRA Mail Stop CA120-1515 P.O. Box 6006 Cypress, CA 90630-0006 1-800-624-8822 Fax: 866-220-0855 Group Policy No. 100952	\$343.92	\$619.06	\$722.24	\$997.38
PacifiCare of Nevada <i>(Available only to those who live or work in plan's service area)</i> PacifiCare Eligibility P.O. Box 30981 Salt Lake City, UT 84130-0981 1-801-262-1270 or 1-800-347-8600 Fax: 866-273-1316 Group Policy No. 87205	\$539.55	\$971.19	\$1,133.06	\$1,564.69
UHC Select EPO <i>(Available only to those who live in plan's service areas in MD, VA, or DC)</i> UHC—COBRA Direct Bill P.O. Box 224708 Dallas, TX 75222-4708 1-866-747-0048	\$427.37	\$769.26	\$897.47	\$1,239.35
Western Health Advantage <i>(Available only to those who live or work in plan's service area)</i> COBRA Enrollment 1331 Garden Highway, Suite 100 Sacramento, CA 95833-9773 1-916-563-2250 or 888-563-2250 Fax: 916-568-0331 Group Policy No. 00-1021 Group Policy No. 00-1121 (retirees)	\$353.43	\$636.17	\$742.20	\$1,024.95

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Dental Program				
Delta Dental Plan of California	\$38.02	\$77.25	\$71.10	\$126.28
Wolfpack Insurance Services P.O. Box 833 Belmont, CA 94002-0833 Attn: COBRA 1-800-296-0192 Fax: 650-591-4022 Group Policy No. 4999				
PMI DeltaCare	\$20.83	\$35.99	\$35.74	\$50.83
(Available only to California residents) Eligibility Administration 12898 Towne Center Drive Cerritos, CA 90703 Attn: Eligibility Administration 1-800-422-4234				
Vision Program				
VSP	\$13.72	\$13.72	\$13.72	\$13.72
COBRA Administrator P.O. Box 997100 Sacramento, CA 95899-7100 Attn: COBRA Administration 1-916-851-4637 or 1-800-852-7600, ext. 4637 Fax: 916-463-9031 Group Policy No. 00-101923-0033				