

Group Insurance Eligibility Fact Sheet for Retirees

UNIVERSITY
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CALIFORNIA

When you retire from UC, you and your family members may be eligible to continue your medical, dental, vision, legal and accidental death and dismemberment (AD&D) benefits. This fact sheet explains the eligibility requirements for each of these benefits. It also summarizes how life changes or returning to UC employment after retirement can affect your benefits and eligibility.

The first section, General Eligibility Rules for UC Retiree Health and Welfare Benefits, sums up the broad rules that determine benefit eligibility. The individual sections that follow provide more detailed information on rules that apply to specific benefits.

This publication is one of several resources UC offers to help you understand your health and welfare benefits. Others include:

- *Complete Guide to Your UC Health Benefits*
- *ARAG Plan Booklet*
- *Accidental Death & Dismemberment Booklet for Retirees*

- *Benefits for Domestic Partners*
- *Health Care Facilitator Program brochure*
- *Medicare Fact Sheet*
- *Family Changes Fact Sheet*
- *Survivor and Beneficiary Handbook*
- *Retirement Handbook*
- *Returning to UC Employment After Retirement Fact Sheet*

You'll find these on UCnet (ucnet.universityofcalifornia.edu/forms), or the Retirement Administration Service Center (800-888-8267) can provide you with a copy.

If you retired from Lawrence Livermore or Los Alamos National Laboratory, the information in this fact sheet does not apply to you. If you have questions about your benefits, please contact the Benefits Office at your lab.

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General Eligibility Rules for UC Health and Welfare Benefits

RETIREE ELIGIBILITY

To be eligible to continue your UC health and welfare benefits as a retiree, you must:

- Be a member of the UC Retirement Plan (UCRP) as of your last day of employment
- Choose to receive a monthly retirement benefit
- Be enrolled or meet eligibility to enroll in UC employee benefits on the day you retire
- Elect to continue or suspend UC coverage at the time you retire
- Have a retirement date that is within 120 days of the date you end UC employment
- Continue creditable coverage (UC or non-UC) until the date your retirement income begins, and
- Enroll in Medicare and assign it to your plan, if applicable

CONTINUOUS COVERAGE REQUIREMENT

If there is a gap in time between your last day on active pay and your retirement date, you must ensure continuous creditable coverage of your plans through the gap period. This means you may have to pay the full monthly cost for your UC-sponsored medical and dental plans (including UC's contribution) so that you continue eligibility into retirement. If you have non-UC medical or dental coverage when you retire, you may keep that coverage and suspend your UC coverage until you involuntarily lose the non-UC coverage or until an Open Enrollment period, but you must maintain continuous creditable coverage.

IF YOU RETURN TO WORK AT UC

If you are recalled or rehired at UC into a position eligible for medical benefits, your coverage as a retiree will be affected. For more information, please see "If You Return to UC Employment After Retirement" on page 10 and the *Returning to UC Employment after Retirement Fact Sheet* available at ucal.us/returntowork.

Got questions?

If you still have questions after reviewing the information here, check out the Compensation and Benefits section of UCnet at ucnet.universityofcalifornia.edu/compensation-and-benefits. You'll find general information, UC publications and forms and details on benefit plans.

To review the specific benefits you're enrolled in, sign in to your At Your Service Online account, and then choose "Current Enrollments" under the "Health and Welfare" option. You can also contact the Retirement Administration Service Center at ucal.us/askrasc or 800-888-8267 for help.

MEDICARE REQUIREMENT

The federal Medicare program providing health coverage for people age 65 and over has three parts: A (hospital insurance), B (medical insurance), and D (prescription drug coverage). Part A is typically premium-free, meaning there is no cost to you for enrolling if you have worked the required 40 quarters (10 years). Part B requires premium payments to Medicare. You may pay a premium for Part D and higher-income retirees may pay an extra amount above any premium. There are specific UC Medicare enrollment requirements for retirees, survivors, disabled members and their enrolled family members who are, or become, eligible for premium-free Medicare Part A. **If you don't comply with UC's requirements to enroll and stay enrolled in Medicare Parts B and D, you will be permanently disenrolled from UC-sponsored medical plans.** To learn more, please see the "When to Enroll" section on page 6 and UC's *Medicare Fact Sheet* available at ucal.us/medicarefacts.

FAMILY MEMBER ELIGIBILITY

You may enroll one eligible adult family member, in addition to yourself. Your children are also eligible for enrollment as outlined in the "Eligible Children" section on page 7.

ELIGIBLE ADULTS

You may enroll your spouse or an eligible domestic partner. The eligible adult may be enrolled only in the same plans as you.

You may enroll a same-gender domestic partner if your partnership is registered with the State of California or otherwise meets criteria for a domestic partnership as set forth in the University of California Group Insurance Regulations. These criteria are:

- Parties must be each other's sole domestic partner in a long-term committed relationship and must intend to remain so indefinitely
- Neither partner may be legally married or be a partner in another domestic partnership
- Parties must not be related to each other by blood to a degree that would prohibit legal marriage in California
- Both parties must be at least 18 years old and capable of consenting to the relationship
- Both parties must be financially interdependent, and
- Parties must share a common residence

You may enroll your opposite-gender domestic partner only if either you or your domestic partner is age 62 or older and eligible to receive Social Security benefits based on age and you meet the eligibility criteria above.

ELIGIBLE CHILDREN

You may enroll your eligible children up to age 26 in the same plans as you. A disabled child may be covered past age 26 if the carrier approves the continuance prior to age 26. (This person would still be considered a child, not an adult, for eligibility purposes). You may also enroll your legal ward up to age 18 in the same plans as you. The Eligible Child chart on page 8 gives the eligibility criteria for children, stepchildren, grandchildren, disabled children and legal wards. You may enroll your eligible domestic partner's child or grandchild, even if you do not enroll your partner; however, your partner must be eligible for UC-sponsored coverage and you must provide documentation to UC when requested.

In order to be eligible for coverage in your UC-sponsored plan, your grandchild, step-grandchild, legal ward or overage disabled child(ren) must be claimed as a tax dependent by you or your spouse. You or your domestic partner must claim your eligible domestic partner's grandchild as a tax dependent. Children you are legally required by administrative or court order to provide with group health insurance also are eligible.

Your children may only be enrolled in the plans for which you are eligible and in which you have enrolled.

Disabled Children

Except as provided elsewhere in this document, application for coverage beyond age 26 due to disability must be made to your medical plans 60 days before the date coverage is to end. You must also notify the UC Retirement Administration Service Center of your application. If your application is received within this timeframe but the plan does not complete determining the child's continuing eligibility by the date the child reaches the plan's upper age limit, the child will remain covered pending the plan's determination. The plan may periodically request proof of continued disability, but not more than once a year after the initial certification. Disabled children approved for continued coverage under a University-sponsored medical plan are eligible for continued coverage under any other University-sponsored dental, vision or legal plan. If enrollment is transferred from one plan to another, a new application for continued coverage is not required; however, the new plan may require proof of continued disability, but not more than once a year.

If you acquire a disabled child over age 26 (through marriage, adoption or domestic partnership), you may also apply for coverage for that child. The child's disability must have begun prior to the child reaching age 26. Additionally, the child must have had continuous health and welfare coverage since age 26, and you must apply for university coverage during your Period of Initial Eligibility. The plan will ask for proof of continued disability, but not more than once a year after the initial certification.

General Eligibility Rules for UC Health and Welfare Benefits

ELIGIBLE CHILD		
Family member	How long eligible	Additional requirements
Child (newborn or adopted), stepchild, domestic partner's child	To age 26	N/A. Your child need not live with you, and it doesn't matter how much of his/her support you provide.
Grandchild of employee	To age 26	Child must be: <ul style="list-style-type: none"> • Unmarried • Living with you • Supported by you at least 50% • Claimed as your tax dependent
Stepgrandchild, domestic partner's grandchild	To age 26	Child must be: <ul style="list-style-type: none"> • Unmarried • Living with you • Supported by you or your spouse/domestic partner at least 50% • Claimed as a tax dependent by you or your spouse/domestic partner
Legal ward	To age 18	Child must be: <ul style="list-style-type: none"> • Unmarried • Living with you • Supported by you at least 50% • Claimed as your tax dependent
Overage disabled child (except a legal ward)	To age 26 or older (past age 25, must be approved by the carrier)	Child must be: <ul style="list-style-type: none"> • Unmarried • Incapable of self-support due to a mental or physical disability incurred before age 26 • Enrolled in a UC group medical plan before age 26, with coverage continuing • Chiefly dependent on you, your spouse or eligible domestic partner for more than 50% of support • Claimed as your, your spouse's, or your eligible domestic partner's dependent for income tax purposes, or, if not, eligible for Social Security income or Supplemental Security Income (SSI) as a disabled person. (The disabled child may be working in supported employment which may offset the Social Security income or SSI.) <p>In addition, you must apply to the carrier before the child turns 26 or for a newly acquired overage disabled child during the PIE for new family members. The disability must have begun before age 26 and the child must have had continuous medical coverage since age 26. The carrier must approve the application.</p>

FAMILY MEMBER COVERAGE AND YOUR TAXES

For most family members, the value of UC's contributions to medical and/or dental premiums isn't considered income and is not taxable. For certain family members, though, the value of these benefits may be classified as "imputed income" and subject to California and/or federal income taxes. Here's how the tax law affects benefits to these family members:

Domestic partner (same-gender or opposite gender) and his/her eligible children or grandchildren

- If you've registered your domestic partnership with the state of California, the UC/employer contribution is not considered imputed income for California income tax purposes. It is, however, considered imputed income for federal tax purposes. (See the paragraph below about stepchildren.)
- If you haven't registered your domestic partnership with California, the UC/employer contribution will be considered imputed income for both federal and California state income tax purposes.
- If your domestic partner is your tax dependent, the UC contribution will not be considered imputed income on your federal or state return.

Newborn or adopted children who are not your tax dependents

For these family members, UC's contributions are not considered imputed income for either federal or state tax purposes.

Stepchildren who are not your tax dependents

If the child's parent is your spouse or registered domestic partner, UC's contributions for coverage are not considered imputed income for either federal or state tax purposes.

Children of a non-registered domestic partner and step-grandchildren who are not your tax dependents

You will have imputed income for both federal and state tax purposes.

All family members listed above who are your tax dependents

For these family members, you are not subject to imputed income for either federal or state tax purposes.

If you have questions about tax dependency, please contact the IRS at irs.gov or California's Franchise Tax Board at ftb.ca.gov or your tax advisor.

FAMILY MEMBERS NOT ELIGIBLE FOR COVERAGE

Certain family members aren't eligible for UC-sponsored coverage, including: siblings, in-laws, cousins, nieces, nephews, legally separated spouses, former spouses or domestic partners, foster children, great grandchildren, and your children and grandchildren's spouses.

NO DUPLICATE UC COVERAGE

UC rules do not allow duplicate coverage. This means you may not be covered in UC-sponsored plans as a retiree and as an eligible family member of a UC employee or retiree at the same time.

If you are covered as a retiree and then become eligible for UC coverage as the family member of an employee or retiree, you have two options. You can either suspend your own retiree medical and dental coverage and enroll as the dependent of another employee or retiree, or stay enrolled in your retiree coverage only.

Family members of UC retirees may not be enrolled in more than one UC-sponsored plan. For example, if a husband and wife both have UC-sponsored coverage, their children cannot be covered by both parents.

If duplicate enrollment occurs, UC will generally cancel the plan with later enrollment. UC and the plans reserve the right to collect reimbursement for any duplicate premium payments and/or paid claims due to the duplicate enrollment, including any Medicare Part B reimbursement.

WHEN YOU MAY SUSPEND COVERAGE

If you and/or your eligible family members have other coverage, you have the option to suspend your UC-sponsored medical and/or dental coverage. When you suspend your own coverage, your eligible family members' coverage is suspended as well. Any Medicare Part B premium reimbursements you may be receiving, as well as the UC-paid premiums, are also suspended.

When you suspend your medical coverage, you may choose whether to suspend or continue your dental coverage, if you're enrolled.

HOW TO SUSPEND YOUR COVERAGE

To suspend your medical or dental coverage, you'll need to submit a completed and signed *Retiree Continuation, Enrollment or Change—Medical, Dental and/or Legal Plan* form (UBEN 100). If you're also enrolled in a UC-sponsored Medicare Advantage Prescription Drug plan through Kaiser or Health Net, you'll also need to submit a *UC Medicare Advantage or Prescription Drug Plan Disenrollment Form* (UBEN 101). Both forms are available on UCnet at ucnet.universityofcalifornia.edu.

If you cover your domestic partner and then get married, be sure to let the Retirement Administration Service Center know, to ensure proper tax treatment.

General Eligibility Rules for UC Health and Welfare Benefits

IF YOU RETURN TO UC EMPLOYMENT AFTER RETIREMENT

If you're receiving a monthly retirement benefit (and you are not required to suspend your pension benefit) after you return to work at UC, you may be able to continue any retiree health and welfare benefits you've been receiving, and your premiums will continue to be deducted from your monthly retirement payments. You also have the option to enroll in any health and welfare plans for which you're eligible as an employee; for example, the Health FSA. But since UC rules don't allow you to have duplicate coverage as both a retiree and an employee, you need to choose.

Additionally, if you or your family members are covered by Medicare and you become eligible for employee medical coverage (including Core), federal law requires that Medicare no longer be your primary insurance. This means that you must either:

- Suspend your retiree medical insurance and enroll as an employee, so that Medicare becomes your secondary insurance, or
- Opt out of all UC-sponsored medical coverage (both employee and retiree) and have Medicare coverage only

If you enroll in medical insurance as an employee, your premium will be paid from your employee earnings. If you have been receiving a Medicare Part B reimbursement, it will stop. (It's a good idea to continue your premium-free Medicare Part A coverage as secondary coverage for hospital claims and to contact Medicare to suspend payment of your Medicare Part B premiums, if desired, when you return to work.)

If you're not eligible for employee coverage during your reemployment, your retiree medical benefits continue, with Medicare remaining as the primary payer.

For more information, please see the *Returning to UC Employment After Retirement Fact Sheet* at ucal.us/returntowork and Medicare's website at medicare.gov.

Important!

When you stop working, return to retirement, and re-enroll in retiree Medicare coverage, you must re-enroll in Parts B and D to comply with UC regulations and avoid lifetime Medicare penalties. It's your responsibility to contact Medicare immediately when retiring and to enroll/re-enroll in Medicare Parts B and D. You must also re-enroll in UC retiree benefits by using the UBEN 100 form, available at ucal.us/UBEN100.

ELIGIBILITY FOR FAMILY MEMBERS AFTER RETIREE'S DEATH

The eligible family members of a UC retiree may continue UC-sponsored medical and dental benefits after the retiree's death, as long as these conditions are met:

- On the date of the retiree's death, the family members are either enrolled in or have suspended UC-sponsored medical and/or dental coverage, and
- A monthly benefit (survivor income) is payable within 120 days of the retiree's death; and
- The family members' UC or non-UC medical and/or dental coverage is continuous.

For more information, please see the *Your Guide to Survivor and Beneficiary Benefits for Family Members and Beneficiaries of UC Retirees and Disabled Members Receiving UCRP Income*, available on UCnet (ucnet.universityofcalifornia.edu).

If the spouse of a deceased UC retiree continues UC-sponsored coverage and remarries, the spouse may continue his or her own benefits but may not enroll the new spouse in UC-sponsored plans. The same is true if the deceased retiree's domestic partner enters into a new domestic partnership.

If a retiree's spouse dies, and the retiree later remarries or has a new domestic partner, the new spouse/domestic partner may be enrolled in insurance plans. The new spouse/domestic partner, however, will not be eligible for survivor benefits, which means that UC-sponsored coverage will stop when the retiree dies.

WHEN TO ENROLL

DURING A PERIOD OF INITIAL ELIGIBILITY (PIE)

A PIE is a time during which you or your eligible family members may enroll in UC-sponsored health and welfare plans. A PIE generally starts on the first day of eligibility—for example, the day you marry. It ends 31 days later or, if the 31st day falls on a weekend, the next work day. UC defines a work day as a normal business day—Monday through Friday, excluding holidays.

You may enroll your eligible family members during the 31-day PIE that begins on the first day the family member meets all eligibility requirements. These dates are:

- For a spouse, the date of marriage.
- For a domestic partner, the date the domestic partnership is legally established or the date UC's requirements are met.
- For a newborn child, the child's date of birth.

- For an adopted child, either:
 - the date the child is placed for adoption with you, or
 - the date you or your spouse/domestic partner has the legal right to control the child's health care.

A child is “placed for adoption” as of the date you assume and retain a legal obligation for the child's total or partial support in anticipation of the child's adoption.
- For a legal ward, the effective date of the legal guardianship.

Where there is more than one eligibility requirement, the PIE date begins on the date all requirements are satisfied.

Important: The act of retiring does not qualify as a PIE since your UC-sponsored coverage may continue as a retiree.

DURING OPEN ENROLLMENT

Usually held in the fall, Open Enrollment is your annual opportunity to make changes to your benefits, including:

- Transferring to a different medical or dental plan
- Adding or disenrolling eligible family members
- Enrolling in or suspending UC-sponsored medical and dental plans
- Disenrolling from vision and/or legal plans or enrolling in these plans, if open

Changes made during Open Enrollment are effective Jan. 1 of the following year.

WHEN YOU HAVE A FAMILY CHANGE

When you have a new family member, such as a spouse, domestic partner, newborn or newly adopted child, you may enroll yourself, the new family member and any other eligible family members not already enrolled in your UC-sponsored medical, dental, vision and legal plans. To enroll a family member, you must also enroll yourself. Remember that family members are eligible only for the same plans in which you are enrolled. If you are enrolled in a UC-sponsored medical plan, you may transfer to a different plan.

You have 31 days from the date your new family member becomes eligible to enroll the new member or to make any permitted plan changes. Enrollment isn't automatic; you must submit a *Retiree Continuation, Enrollment or Change—Medical, Dental and/or Legal Plan* form (UBEN 100). You'll find it at ucal.us/UBEN100.

WHEN YOU OR A FAMILY MEMBER INVOLUNTARILY LOSE OTHER COVERAGE

If you have suspended your UC medical and/or dental coverage because you have other coverage, and you involuntarily lose the other coverage, you have a new PIE in which to enroll yourself and other eligible family members. The same is true if your eligible family member loses other coverage; you may add him or her to your UC-sponsored plans within 31 days of the loss; documentation is required. You may also choose a different medical plan at this time.

DOCUMENTATION FOR ELIGIBILITY

When you enroll anyone in medical, dental or vision benefits as a family member, you must provide documentation specified by the University verifying that those individuals you have enrolled meet the eligibility requirements. When you receive a packet of materials to complete the verification process, you'll need to respond by the deadline noted. If you don't, your family members may be disenrolled. The plan may also require documentation verifying eligibility status. In addition, the University and/or the plan reserve the right to periodically request documentation to verify the continued eligibility of enrolled family members.

Important note about your benefits and your taxes: The University complies with federal and state law in administering its group insurance programs. Health and welfare benefits and eligibility requirements, including Medicare and dependent eligibility requirements, are subject to change (e.g., for compliance with applicable laws and regulations). The University also complies with federal and state income tax laws, which are subject to change. Requirements may include laws mandating that the employer contribution for coverage provided to certain family members be treated as imputed income to the retiree. See page 9 or ucnet.universityofcalifornia.edu/compensation-and-benefits/health-plans/imputed-income.html for related information. Contact your tax advisor for additional information.

General Eligibility Rules for UC Health and Welfare Benefits

AFTER ENROLLMENT—WHAT YOU NEED TO DO

Confirm your choices

It's a good idea to check your retirement payment stub or direct deposit statement to make sure your benefit choices were recorded correctly. It's your responsibility to notify the Retirement Administration Service Center of any errors.

Keep your records up to date

- Make sure UC has your current address, email, phone number, power of attorney and direct deposit information. You can change your address online by signing in to your account on At Your Service Online, by submitting a *UC Human Resources Address Change Notice* form (UBEN 131) or by calling the Retirement Administration Service Center at 800-888-8267.
- To update any missing Social Security numbers for family members, you'll need to submit a *Retiree Continuation, Enrollment or Change—Medical, Dental and/or Legal Plan* form (UBEN 100).
- To update your monthly direct deposit information, submit a *Direct Deposit for Monthly Benefit* form (UCRS 160).

The forms are available on UCnet.

WHEN COVERAGE BEGINS

If you complete a non-Medicare family member's enrollment during a PIE, coverage begins the first day of the PIE. Medicare family member coverage begins on the first of the month but only after all required forms are received and approved by Medicare. A newly eligible family member's PIE begins the date he or she becomes eligible. (See "When to Enroll—During a PIE," page 10.)

WHEN COVERAGE ENDS

DISENROLLMENT DUE TO LOSS OF ELIGIBLE STATUS

If a family member no longer meets all eligibility requirements, his or her coverage ends at the end of the month in which eligible status is lost.

OTHER DISENROLLMENTS

If you are enrolled in a health and welfare plan that requires you to pay premiums directly (versus having amounts subtracted from your monthly retirement payments), and you do not continue payment, your coverage will be terminated at the end of the last month for which you paid.

If you or an enrolled family member is eligible for Medicare premium-free Part A, you are required to enroll and maintain enrollment in Part B and assign your Medicare to your medical plan. Non-payment of your Medicare premiums will result in termination of your UC-sponsored Medicare plan.

Coverage for you and/or your family members may be suspended for a period determined by the Plan Administrator if you and/or a family member misuse the plan, as described in UC's Group Insurance Regulations. Misuse includes, but is not limited to, actions such as falsifying enrollment or claims information, allowing others to use the plan identification card, intentionally enrolling, or failing to disenroll, individuals who are not (or are no longer) eligible family members, making threats or behaving abusively toward plan providers or representatives.

LOSS OF FAMILY MEMBER ELIGIBILITY

You'll need to disenroll any family members who are no longer eligible, by completing the UBEN 100 form, available at ucal.us/UBEN100.

Divorce, legal separation, termination of domestic partnership, annulment. Eligibility for your spouse or domestic partner and any children for whom you are not the legal parent/guardian ends on the last day of the month in which the event occurs. Your legally separated spouse, former spouse or former domestic partner and the former partner's child or grandchild may continue certain coverage under COBRA. See "Opportunities for Continuation," page 13. If a settlement agreement between you and your legally separated/former spouse or domestic partner requires you to provide coverage, you must do so on your own.

An eligible child turning age 26. Unless a child is eligible to continue coverage because of disability, coverage ends at the end of the month in which the child reaches age 26. This rule applies to your biological and adopted children, stepchildren, grandchildren, step-grandchildren and your domestic partner's children or grandchildren. Medical, dental and vision coverage may be continued under COBRA.

A legal ward turning age 18. Eligibility ends at the end of the month in which the legal ward turns 18. Your legal ward may continue medical, dental and/or vision coverage under COBRA.

Adult dependent relatives who become Medicare-eligible.

Adult dependent relatives lose eligibility for UC-sponsored health plans when they become eligible for premium-free Medicare Part A. An adult dependent relative who reaches age 65 will automatically be disenrolled unless you submit documentation at least 60 days prior to age 65 showing that your relative is ineligible for Part A. Adult dependent relatives also lose eligibility for UC-sponsored plans if they are not your tax dependents for income tax purposes or no longer live with you (unless they reside in a convalescent hospital or nursing home).

Death of a family member. Coverage for the family member ends at the end of the month in which the death occurs. You must contact the Retirement Administration Service Center for further assistance in the event of an enrolled family member's death.

Medical Plans

OPPORTUNITIES FOR CONTINUATION

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985): If you or a family member lose eligibility for UC-sponsored medical, dental and/or vision coverage, you may be eligible to continue coverage under COBRA. Family members who have never met UC's eligibility criteria are not COBRA-eligible. You'll find more information about COBRA on UCnet.

Also, your family member may wish to contact Covered California, California's health insurance marketplace, at www.coveredca.com or 1-800-300-1506 to review options for purchasing individual plan coverage.

You may be able to convert the legal plan to an individual policy.

CONTRACT TERMINATION

Coverage under the medical, dental, vision, legal and accidental death & dismemberment (AD&D) plans is terminated when the group contract between the University and the plan vendor is terminated. Benefits will cease to be provided as specified in the contract and you may have to pay for the cost of those benefits incurred after the contract terminates.

ELIGIBILITY

IF YOU LIVE OUTSIDE THE U.S. PART OF THE YEAR

Only certain UC-sponsored medical plans provide worldwide coverage: UC Health Savings Plan, UC Care and Core. Otherwise, if you are enrolled in an HMO and will be out of the plan's service area for more than two months, UC regulations require that you transfer to a UC-sponsored medical plan that provides service in your new location. If you remain in an HMO while you're away from the plan's service area, your plan will provide only emergency coverage and may disenroll you. If you are enrolled in Medicare, living outside the U.S. may require you to change plans. Medicare is not available outside the U.S. Contact your plan to learn more about its particular restrictions. Contact the Retirement Administration Service Center at 800-888-8267 for information about your plan options and the forms you'll need to fill out.

IF YOU LIVE OUTSIDE OF CALIFORNIA

If you live outside of California and all members in your medical plan are in Medicare, you may be eligible for UC's Medicare Coordinator Program. Contact the Retirement Administration Service Center for information on if/when you are eligible to enroll.

WHEN TO ENROLL

WHEN TO ENROLL IN UC-SPONSORED MEDICAL COVERAGE

When you first retire, if you're eligible and you elect to continue, your medical plan enrollment is transferred from employee to retiree coverage automatically; you don't need to do anything unless you are Medicare eligible (see "When to Enroll in Medicare—Retirees," below).

WHEN TO ENROLL IN MEDICARE—RETIREES

If you are 65 or older and eligible for premium-free Medicare Part A, it is your responsibility to enroll as soon as your employee coverage ends and keep current on your Medicare premium payments. If you don't, you could be subject to penalties and lose your eligibility for UC-sponsored retiree medical coverage. When first eligible for Medicare, you will need to change to the Medicare version of your plan. Some plans may not be available and you must elect a new plan. See the *Medicare Fact Sheet* available at ucal.us/medicarefacts for complete information.

Appeals

Any appeals regarding coverage denials that relate to eligibility or enrollment requirements are subject to the University of California Group Insurance Regulations. To obtain a copy of the Eligibility Claims Appeal Process, please contact the Retirement Administration Service Center.

Medical Plans

If your work history is less than 10 years and you are not eligible for Medicare through a spouse, you must submit a denial letter from Social Security to remain in a UC-sponsored medical plan.

MOVING OUT OF A SERVICE AREA

If you move out of a plan's service area, you and/or your eligible family members must transfer into a medical plan in your new location. If you return to your previous plan's service area, you may be able to transfer back to that plan within 31 days of your return to the area. You (and/or your eligible family members) might also need to select a new primary care physician. Get in touch with the Retirement Administration Service Center to learn about your options.

If you're in a UC-sponsored Medicare plan and you move, you'll need to make sure that your current plan covers the new service area where you'll be living. (You can use the Medical Plan Chooser on UCnet to find eligible plans in your area.) Medicare HMO plans and primary care physicians are not available in all areas. You'll need to call the plan to verify that you live within its Medicare service area and that your primary care physician and your specialist(s) will remain as participating doctors.

If you change plans, you'll need to complete new forms to reassign your Medicare within 31 days. If you enroll in Kaiser Senior Advantage, you must complete a *Medicare Advantage Universal Enrollment/Election Form* (UBEN 127), mail it to your new plan and send a copy of this form to UC before the new coverage is to take effect. If you enroll in Health Net Seniority Plus, you must complete a *Medicare Advantage Enrollment/Election Form* (UBEN 125), mail it to your new plan and send a copy to UC. If you are transferring out of an HMO (Kaiser or Health Net) and into the UC Medicare PPO or UC High Option Supplement to Medicare, you must complete the *Medicare Advantage or Prescription Drug Plan Disenrollment Form* (UBEN 101) and the *Medicare Prescription Drug Plan (PDP) Enrollment Form* (UBEN 123) and mail it to UC before the new coverage is to take effect. Your Medicare plan and any Part B reimbursement will be effective the first of the month after you submit your form, upon approval by Medicare. The forms are available on UCnet or from the Retirement Administration Service Center.

90-DAY WAITING PERIOD

If you miss your PIE for which you are otherwise eligible, you may enroll yourself or eligible family members in medical coverage only at any time with a 90 consecutive calendar day waiting period that begins the day the completed enrollment form is received by the Retirement Administration Service Center. Coverage is effective after the 90 days have elapsed.

Dental Benefits

WHEN TO ENROLL

When you retire, your dental plan enrollment is transferred automatically; you don't need to do anything.

MOVING OUT OF CALIFORNIA

If you move out of California and you are enrolled in DeltaCare® USA, you and/or your eligible family members must transfer into Delta Dental, a nationwide plan. If you return to California, you may be able to transfer back to that plan within 31 days of your return to the area. Get in touch with the Retirement Administration Service Center to learn about your options.

RE-ENROLLING AFTER SUSPENDING YOUR COVERAGE

If you suspended UC-sponsored retiree dental coverage because you and/or your family members are covered elsewhere, you have two options for re-enrolling yourself and/or your eligible family members. You may do so:

- During Open Enrollment, usually held in November. Coverage begins the following Jan. 1.
- During a new 31-day PIE that begins the date you involuntarily lose the other coverage. Along with your UC enrollment form (UBEN 100), you'll need to submit the following documentation from your or your family member's insurance company:
 - The name of the employer or insurance company that provided the other coverage
 - The name of your dental plan
 - The names of your enrolled family members
 - The dates coverage began and terminated, and
 - The reason for the involuntarily loss of coverage

If you are enrolled in another employer-sponsored plan and the employer stops contributing to the cost of the coverage, you have a new 31-day PIE to re-enroll in UC-sponsored coverage. The PIE begins the date that the employer contributions to the other coverage end.

You'll need to provide proof of continuous coverage and the involuntary loss of that coverage.

Vision Benefits

ELIGIBILITY

To be eligible for the vision plan as a retiree, you must have been eligible for it as of your last day of employment. Additionally,

- Your retirement date must be within 120 days of your separation from UC employment, and
- For coverage to begin on your first day of retirement, your coverage must be continuous until the date your retirement income begins.

WHEN TO ENROLL

Enroll when you first retire or during future Open Enrollment periods. The vision plan is open only during announced Open Enrollment periods.

HOW TO ENROLL AND PAY PREMIUMS

Enroll directly with the carrier when you first retire. If you are eligible for retiree vision and it is Open Enrollment, the carrier will send you the materials you need to enroll.

You pay your premiums directly to the carrier.

Legal Insurance

ELIGIBILITY

To be eligible for the legal plan as a retiree, you must have been eligible for it as an employee.

WHEN TO ENROLL

If you're already enrolled in the legal plan when you retire, your enrollment is transferred automatically as long as there is no gap between your last day of employment and your first day of retirement. If there is a gap, consult the Retirement Administration Service Center prior to your last day. The legal plan is open for new enrollment only during announced Open Enrollment periods.

HOW TO PAY PREMIUMS

Your premiums will be deducted from your monthly retirement check.

AD&D Insurance

ELIGIBILITY

To be eligible for AD&D as a retiree, you must have been eligible for it as an employee.

HOW TO ENROLL AND PAY PREMIUMS

You may enroll at any time—no evidence of insurability is required.

As a retiree, if you decide to enroll in the AD&D plan you must contact the plan directly. You pay your premiums directly to the carrier. AD&D coverage for retirees is only available to cover yourself or you and your spouse/domestic partner. You may not cover children in the retiree AD&D plan.

By authority of the Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact their Human Resources Office and retirees should call the Retirement Administration Service Center (800-888-8267).

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