

Group Insurance Eligibility Fact Sheet for Retirees

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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 and Welfare 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 UC 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

UC currently has three sets of eligibility rules for retiree health benefits, depending on your date of membership in UCRP (or participation in Savings Choice) or your rehire date if you have a break in service of 120 calendar days or more.

GROUP ONE ELIGIBILITY RULES—HIRED PRIOR TO JAN. 1, 1990

You are eligible to receive 100 percent of UC's contribution toward the medical and/or dental monthly premiums if you retire:

- Before age 55 and have at least 10 years of UCRP service credit
- At age 55 or later and have at least five years of UCRP service credit

GROUP TWO ELIGIBILITY RULES—HIRED OR REHIRED FROM JANUARY 1, 1990 TO JUNE 30, 2013

You are eligible for retiree health and a percentage of the UC contribution toward medical and/or dental plan monthly premiums based on the following formula:

- 5–9 years of UCRP service credit—If age plus years of service is at least 75 then 50 percent of UC contribution; otherwise not eligible
- 10 years of UCRP service credit—50 percent of UC contribution
- 11–20 years of UCRP service credit—Increases from 50 percent of the UC contribution by 5 percent per year to 100 percent at 20 years

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 UC Retirement Administration Service Center at ucal.us/askrasc or 800-888-8267 for help.

GROUP THREE ELIGIBILITY RULES—HIRED OR REHIRED ON OR AFTER JULY 1, 2013

To encourage longer service, UC adopted a graduated eligibility formula to determine how much it pays toward retiree health insurance premiums. The formula is based on both the employee's years of service and age (in whole years) at retirement. UC's contribution to health care premiums increases significantly for employees who retire closer to the age at which they are eligible for Medicare.

Graduated eligibility rules for Group Three members also apply to participants in Savings Choice. As a Savings Choice participant, your service will count toward retiree health service credit.

The chart on page 7 shows the graduated eligibility formula in more detail.

Those who retire between ages 50 and 55 are eligible to enroll in UC-sponsored health insurance for retirees but will not receive a UC contribution.

In addition to the age and service credit requirements above, to be eligible for retiree health and welfare benefits, you must meet the following criteria:

- Have a retirement date that is within 120 days of the date you end UC employment (for Savings Choice participants, the date you elect for your retiree medical and dental coverage will be treated as your retirement date for this purpose)
- Be an active eligible employee enrolled in either UCRP (including Pension Choice) or Savings Choice
- Be enrolled in or eligible to enroll in Full UC employee benefits on the day you retire
- Elect to continue or suspend UC medical and dental coverage at the time you retire
- Continue creditable health coverage (UC or non-UC) until your retiree health benefits become effective
- Enroll in Medicare and assign it to your plan, if applicable
- For UCRP members, choose to receive only a monthly benefit (does not apply to Savings Choice participants)

Retiree health and welfare benefits are not available to those who elect a UCRP Lump Sum Cashout or to those who take a full refund or rollover of Savings Choice

accumulations before beginning retiree health benefits. A partial refund or rollover of Savings Choice account funds will not affect eligibility for retiree health benefits, or retiree health service credit, as long as the DC Plan account maintains a balance of at least \$2,000 (with some of that money remaining in the Savings Choice account).

CONTINUOUS COVERAGE REQUIREMENT

If there is a gap in your UC-paid insurance coverage 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. Contact the UC Retirement Administration Service Center for details. 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 11 and the *Returning to UC Employment after Retirement Fact Sheet* available at ucal.us/returntowork.

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).

GRADUATED ELIGIBILITY FORMULA

To find the university contribution for a particular age and number of years of retiree health service credit, look down the far left column for the appropriate age; then look across that row to the number of years of service credit. That will show the percentage of the maximum university contribution that a retiree at that age and with those years of service credit will receive. Example: with 15 years of service credit at age 60, the retiree receives 37.5% of the maximum university contribution.

Age*	Years of Retiree Health Service Credit at Retirement										
	10	11	12	13	14	15	16	17	18	19	20+
55	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
56	5.0%	5.5%	6.0%	6.5%	7.0%	7.5%	8.0%	8.5%	9.0%	9.5%	10.0%
57	10.0%	11.0%	12.0%	13.0%	14.0%	15.0%	16.0%	17.0%	18.0%	19.0%	20.0%
58	15.0%	16.5%	18.0%	19.5%	21.0%	22.5%	24.0%	25.5%	27.0%	28.5%	30.0%
59	20.0%	22.0%	24.0%	26.0%	28.0%	30.0%	32.0%	34.0%	36.0%	38.0%	40.0%
60	25.0%	27.5%	30.0%	32.5%	35.0%	37.5%	40.0%	42.5%	45.0%	47.5%	50.0%
61	30.0%	33.0%	36.0%	39.0%	42.0%	45.0%	48.0%	51.0%	54.0%	57.0%	60.0%
62	35.0%	38.5%	42.0%	45.5%	49.0%	52.5%	56.0%	59.5%	63.0%	66.5%	70.0%
63	40.0%	44.0%	48.0%	52.0%	56.0%	60.0%	64.0%	68.0%	72.0%	76.0%	80.0%
64	45.0%	49.5%	54.0%	58.5%	63.0%	67.5%	72.0%	76.5%	81.0%	85.5%	90.0%
65	50.0%	55.0%	60.0%	65.0%	70.0%	75.0%	80.0%	85.0%	90.0%	95.0%	100.0%

* Age is measured in whole years.

General Eligibility Rules for UC Health and Welfare Benefits

Part B requires premium payments made by you to the Social Security Administration, in addition to any costs for your UC medical plan. Most UC retirees don't pay an extra premium for Part D coverage but you may pay a premium to Social Security if your income is above a certain dollar amount. 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 12 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 at right.

ELIGIBLE ADULTS

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

You may enroll a 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 may 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

Eligibility will be verified through a third-party vendor, UnifyHR.

ELIGIBLE CHILDREN

You may enroll your eligible children up to age 26 in the same plans in which you are enrolled. A disabled child may be covered past age 26 if you submit the required forms and 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 in which you are enrolled. The Eligible Child chart on page 9 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 (except your overage disabled child who is eligible for Social Security income or Supplemental Security Income (SSI) as a disabled person). You or your domestic partner must claim your eligible domestic partner's grandchild as a tax dependent. If UC is legally required by administrative or court order to enroll your children, those children are eligible.

Your children may only be enrolled in the plans for which you are eligible and in which you have enrolled (or in the Medicare partner plan, if applicable).

Overage Disabled Children

Except as provided elsewhere in this document, application for coverage beyond age 26 due to disability must be made to your medical plan 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-

ELIGIBLE CHILD

Family member	How long eligible	Additional requirements
Child (newborn or adopted), stepchild, domestic partner's child	To age 26	There are no additional requirements; your child need not live with you, and it doesn't matter how much of your child's support you provide.
Grandchild of retiree	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 medical carrier must approve the application.</p>

General Eligibility Rules for UC Health and Welfare Benefits

sponsored dental, vision or legal plan. If enrollment is transferred from one medical plan to another, a new application for continued coverage is not required at the time; 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 creditable health and welfare coverage since age 26, and you must apply for UC 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.

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 and partner's 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.

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

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's and grandchildren's spouses.

NO DUPLICATE UC COVERAGE

UC rules do not allow duplicate UC 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

Effective Jan. 1, 2005, for medical and Jan. 1, 2011, for dental, 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.

Retirees who cancelled their coverage prior to Jan. 1, 2005, for medical and Jan. 1, 2011, for dental may not re-enroll in UC group coverage.

You may elect to suspend either your medical or dental coverage, or both, if you are enrolled in other credible coverage.

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 enrolled in a UC-sponsored Medicare plan, you'll also need to submit a *UC Medicare Advantage or Prescription Drug Plan Disenrollment Form* (UBEN 101) during the month prior to the requested disenrollment date. Both forms are available on UCnet at ucnet.universityofcalifornia.edu.

IF YOU RETURN TO UC EMPLOYMENT AFTER RETIREMENT

If you're receiving a monthly UCRP 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 and suspend all UC-sponsored medical coverage (both employee and retiree) and have Original 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.

Savings Choice participants: Similar rules apply regarding the continuation or suspension of your retiree medical insurance, though Savings Choice participation does not typically involve a monthly retirement benefit. Consequently, you will need to continue to pay your retiree medical and dental premiums directly to UC.

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 the Social Security Administration 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, along with the Medicare assignment for your Medicare plan.

General Eligibility Rules for UC Health and Welfare Benefits

ELIGIBILITY FOR FAMILY MEMBERS AFTER A UCRP RETIREE'S DEATH

The eligible family members of a UCRP retiree may be able to continue UC-sponsored medical, dental, vision and/or legal 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
- The family member is an eligible survivor under UCRP rules and receives a monthly UCRP benefit within 120 days of the retiree's death; and
- The family members' UC or non-UC medical and/or dental coverage is continuous.

Eligible children of the retiree may continue coverage under an eligible spouse or domestic partner's survivor benefits until age 26.

For more information, including coverage for an eligible child as the survivor, please see *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) or contact the UC Retirement Administration Service Center for more information.

If the spouse of a deceased UCRP retiree is eligible for and continues UC-sponsored coverage and remarries, the spouse may continue retiree health 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.

Savings Choice participants: Participation in Savings Choice does not entitle the participant's survivors to survivor income, or to continuation of the participant's retiree health benefits for survivors after the retiree's death. Participants can designate a beneficiary for their Savings Choice account balance.

However, if the spouse or domestic partner of a Savings Choice retiree who is receiving retiree health benefits dies and the retiree remarries or establishes a new domestic partnership, the new spouse/domestic partner may be enrolled in the retiree's insurance plans for as long as the retiree remains enrolled.

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 grandchild, stepchild or step-grandchild or the child or grandchild of your domestic partner, the date they become a tax dependent
- 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 can 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 and your family members 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) and if you are enrolling a Medicare member, the appropriate Medicare assignment form. You'll find the UBEN 100 at ucal.us/UBEN100 and Medicare assignment forms on the UCnet Enrolling in Medicare roadmap at ucal.us/medicare.

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 involuntarily; you may add the family member 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 or dental 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 from UnifyHR 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 who previously completed the verification process.

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 10 or ucal.us/imputedincome for related information. Contact your tax advisor for additional information.

AFTER ENROLLMENT—WHAT YOU NEED TO DO

Confirm your choices

It's a good idea to check your retirement benefit income statement to make sure your benefit choices were recorded correctly. It's your responsibility to notify the UC Retirement Administration Service Center of any errors; in some cases, corrections to errors cannot be made retroactively.

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 UC Retirement Administration Service Center at 800-888-8267.

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- 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) and put a note in the comment box.
- To update your monthly direct deposit information, sign in to your account on At Your Service Online or submit a *Direct Deposit for Monthly Benefit* form (UCRS 160).

Required 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. If the family member is enrolling for coverage through Medicare, their Medicare coverage begins on the first of the following month but only after all required forms are received and approved by Medicare. A newly eligible family member's PIE begins the date the family member becomes eligible. (See "When to Enroll—During a PIE," page 12.)

WHEN COVERAGE ENDS

DISENROLLMENT DUE TO LOSS OF ELIGIBLE STATUS

If a family member no longer meets all eligibility requirements, the family member's 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 Parts B and D 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 15. 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 and your medical plan had approved this continuance before age 26, 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

Medical Plans

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 UC Retirement Administration Service Center for further assistance in the event of an enrolled family member's death.

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 if you remain in the plan.

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.

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 live outside the U.S. and are enrolled in Medicare, UC regulations require you to transfer to a non-Medicare UC-sponsored plan. Medicare is not available outside the U.S. Contact your plan to learn more about its particular restrictions. Contact the UC 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 are eligible for UC retiree health and welfare benefits, you live outside of California but within the United States and you and all members in your medical plan are in Medicare, you enroll in a medical plan through the UC Medicare Coordinator Program. Contact the UC Retirement Administration Service Center for information on when you must enroll.

You may remain enrolled in the UC-sponsored dental, legal, vision and AD&D plans.

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

Appeals

Any appeals regarding UC 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 UC Retirement Administration Service Center.

Medical Plans

from employee to retiree coverage automatically, unless you are Medicare eligible (see “When to Enroll in Medicare—Retirees,” below).

WHEN TO ENROLL IN MEDICARE—RETIREES

If you, or your covered family members, are 65 or older and eligible for premium-free Medicare Part A, it is your responsibility to enroll in Medicare as soon as your employee coverage ends and keep current on your Medicare premium payments. (You may also be eligible under a spouse or former spouse if you personally do not qualify.) If you don't, you could be subject to higher premium costs, 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.

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

HOW TO PAY PREMIUMS

If you are a UCRP retiree, your premiums will be deducted from your monthly retirement benefits. If you are a Savings Choice retiree, you will need to arrange for direct payment of premiums with UC.

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. (If you are enrolled in a medical plan through the UC Medicare Coordinator Program, you must wait until the next Open Enrollment, from Oct. 15 through Dec. 7.) You (and/or your eligible family members) might also need to select a new primary care physician. Get in touch with the UC 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. 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 your Medicare plan, 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 a month before your 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 *Blue Cross MedicareRx (PDP) with Senior Rx Plus Enrollment Form* (UBEN 123) and mail it to UC a month before your 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 UC Retirement Administration Service Center.

90-DAY WAITING PERIOD

If you miss your Period of Initial Eligibility (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 UC Retirement Administration Service Center. Coverage is effective after the 90 days have elapsed.

RE-ENROLLING AFTER SUSPENDING YOUR COVERAGE

If you suspended UC-sponsored retiree medical 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 non-UC coverage. Along with your UC enrollment form (UBEN 100), you'll need

Dental Benefits

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 medical 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.

WHEN TO ENROLL

When you first retire, if you're eligible and you elect to continue, your dental plan enrollment is transferred from employee to retiree coverage automatically.

HOW TO PAY PREMIUMS

If you are a UCRP retiree, your premiums will be deducted from your monthly retirement benefits. If you are a Savings Choice retiree, you will need to arrange for direct payment of premiums with UC.

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 UC 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 non-UC 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

Dental Benefits

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 and meet the applicable age and service requirements. 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

When you first retire, the carrier will send you information about enrollment, in most cases. Otherwise your retirement counselor will provide you a form. 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, and meet the applicable age and service requirements. 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

When you first retire, if you're eligible and you elect to continue, your legal plan enrollment is transferred from employee to retiree coverage automatically. The legal plan is open for new enrollment only during announced Open Enrollment periods.

HOW TO PAY PREMIUMS

If you are a UCRP retiree, your premiums will be deducted from your monthly retirement benefits. If you are a Savings Choice retiree, you will need to arrange for direct payment of premiums with UC.

AD&D Insurance

ELIGIBILITY

To be eligible for AD&D as a retiree, you must have been eligible for it as an employee, meet the applicable age and service requirements and (for UCRP members) continue to receive monthly UCRP income. Additionally, your retirement date must be within 120 days of your separation from UC employment.

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.

Life Insurance

ELIGIBILITY

When you separate from UC employment, you are no longer eligible for UC-sponsored group life insurance coverage. You may convert your coverage to an individual policy if you apply within 31 days of the date your UC-sponsored coverage ends.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.

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 UC Retirement Administration Service Center (800-888-8267).

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 5th Floor, Oakland, CA 94607, and for faculty to the Office of Academic Personnel and Programs, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.

