

**University of California**  
**Health and Welfare Benefits Programs**  
**For Faculty and Staff**

**GROUP INSURANCE REGULATIONS**

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## **PART I**

### **Introduction**

# 1. Preface

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## A. Benefits

The Group Insurance Regulations (“GIRs” or “Regulations”) contain the governing eligibility provisions for the Health and Welfare Benefits Programs and plans sponsored by the University of California and eligible affiliates (collectively, referred to as “the University”) for its eligible Faculty, Staff Employees, and Annuitants. The provisions set forth in these Regulations are applicable only to Eligible Employees appointed and paid by the University and eligible University Annuitants. Employees of Los Alamos National Security, LLC, Lawrence Livermore National Security, LLC, or other such separate entities are not eligible for University-sponsored health and welfare benefits. Other programs to which the GIRs do not apply include but may not be limited to: the UC-sponsored Student Health Insurance Programs, Postdoctoral Scholars Benefits Programs, Residents’ & Fellows Programs, and other programs for individuals or Employees who do not meet the eligibility requirements for the Health and Welfare Benefits Program for Faculty and Staff Employees.

These Regulations establish the eligibility provisions for the University-sponsored health and welfare plans. They are intended to supplement the terms of the vendor contracts that define the benefits and services provided under the plans. The terms and conditions governing benefits and services provided to Eligible Employees, Annuitants, and their eligible Family Members are determined by those contracts and the laws and regulations of any governmental or regulatory authority having jurisdiction over those contracts or the contracting vendor. The benefits described in these Regulations may differ for Employees who belong to an exclusively represented bargaining unit. See applicable bargaining agreement.

The University of California intends to continue the benefits described in the Group Insurance Regulations indefinitely; however, the benefits and eligibility provisions of all Eligible Employees, Annuitants, and their eligible Family Members and any other 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 and employer contributions at any time. Health and welfare benefits are not accrued or vested benefit entitlements.

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## B. Administration

The University’s Health and Welfare Benefits Programs are under the direction of the President of the University as executive head of the University with full authority and responsibility over the administration of all affairs and operations of the University, subject to certain exceptions set forth in Standing Order of The Regents 100.4(a). Pursuant to Standing Order 100.4(a), the President delegated certain authorities with respect to the University’s health and welfare plans to the Executive Vice President, Business Operations who was authorized to, and subsequently did, redelegate said authorities to the Vice-President, Human Resources. The Vice-President, Human



Resources therefore acts as Plan Administrator of such plans and has the following authorities:

1. Promulgation of the Group Insurance Regulations and interpretations as are necessary or appropriate for the effective operation of such plans;
2. Amendment of the Health and Welfare Plans as necessary to satisfy the requirements of the Internal Revenue Code and related regulations and guidance to preserve and tax benefits;
3. Amendment of the Health and Welfare Plans as necessary to satisfy the requirements of applicable state law;
4. Execution on behalf of the University of all contracts and other documents for the provision of health and welfare benefits that represent periodic revisions to existing agreements and do not substantially change the authorized scope of the Health and Welfare Plans consistent with the scope of Standing Order 100.4(dd);
5. Interpretation of the eligibility terms and conditions of the Health and Welfare Plans; and
6. Administration of the Health and Welfare Plans to the extent such duties have not been delegated or assigned to an insurer or a third-party administrator

It is the intent of the Plan Administrator to apply the Regulations and the terms of vendor contracts equally for the benefit of the persons entitled to them without discrimination. No Employee or agent of the University has the authority to modify these Regulations or to make any representations, warranties, or inducements other than as set forth in these Regulations and the applicable insurance contracts.

These Regulations are subject to periodic change or cancellation, as are the benefit plans they govern. Such changes are made by the Plan Administrator and they are communicated by announcements from the Plan Administrator or other authorized Human Resources Employees. Where there are differences between the Plan Administrator's policy announcements and the Group Insurance Regulations, the announcements govern until the Regulations are revised.

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## C. Miscellaneous

1. Required Information – Members must provide the Plan Administrator with information, evidence or signed documents as periodically requested to administer the Regulations.
2. Limitation of Rights – Neither the establishment nor amendment of the Regulations gives any person any legal rights against the University or Plan Administrator except as provided in the Regulations.
3. Regulations not a Contract – The Regulations are not a contract between the University and any Employee or Annuitant. They are not intended as an inducement or consideration for employment and no Employee covered by these Regulations has any right to employment based on them nor, after termination of employment, any rights beyond those stated.

4. Withdrawals – Individuals employed at the Los Alamos National Laboratory (LANL) and Lawrence Livermore National Laboratory (LLNL) terminated employment with the University in connection with the transition to separate management companies (LANL to Los Alamos National Security, LLC (LANS); LLNL to Lawrence Livermore National Security, LLC (LLNS). Individuals who transitioned employment from the University to LANS and LLNS and Annuitants from LANL and LLNL commenced coverage under the LANS and LLNS health and welfare plans (effective June 1, 2006 for LANL and effective October 1, 2007 for LLNL) and thus are not covered by the terms of these Group Insurance Regulations.

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## D. Appeals

The University's Group Insurance Regulations (GIRs) have provisions for a claimant to appeal a denied claim. Claims for benefits in which the individual is eligible and properly enrolled in a plan but his or her benefit claim has been denied by the carrier on the basis of the plan's contractual provisions should be addressed to the particular carrier for the plan in which the individual is enrolled.

Contact information for the University's Health and Welfare plan carriers is available online at: [ucnet.universityofcalifornia.edu/compensation-and-benefits](http://ucnet.universityofcalifornia.edu/compensation-and-benefits), or by calling UC Retirement Administration Service Center at 800-888-8267.

Distinct from appeals for benefit claims directed to a particular carrier, there are instances where denial of coverage is based on a determination that an individual did not meet the eligibility requirements of the University's GIRs. That is, benefits are denied because the individual is not eligible to participate in a plan, did not enroll in a timely fashion, did not properly complete the enrollment process, was enrolled in error, etc. In these instances, a separate and distinct appeal process is available as described in the attached Administrative Supplement. This process is not an alternative to any carrier appeal process nor is it the next level of appeal if the carrier's process has already been exhausted. It is strictly intended to address denials of coverage based on plan eligibility under the University's GIRs.

See Administrative Supplement No. I-A for the Eligibility Appeal Procedures.

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## E. Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security

The University complies with the applicable requirements of the Health Insurance Portability and Accountability Act of 1996 pertaining to the privacy and security of protected health information related to health and welfare benefit plans. UC's [HIPAA policies, numbered HIPAA 1 – 11](#), are maintained by the Office of Ethics, Compliance and Audit Services and are incorporated herein by reference.

## 2. Definitions and Abbreviations

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### A. Definitions

<p><b><u>Administrative Period</u></b> – The time period between the measurement period and corresponding Stability Period where UC determines an employee's eligibility for benefits, as well as notifies and enrolls the employee and their dependents into UC sponsored coverage. The administrative period for the IMP is the month following the one-year anniversary of hire. The administrative period for the SMP is the months of November and December.</p>
<p><b><u>Annuitant</u></b> – A Retired Member, Disabled Member, Preretirement Survivor, Postretirement Survivor, or Contingent Annuitant who satisfies the eligibility requirements for coverage as an Annuitant, as set forth in Part IV of these GIRs. For purposes of the GIRs, a Retired Employee is not an Annuitant. An individual who elects a lump sum distribution or a refund of accumulations from an eligible plan is not a Retired Member for purposes of the GIRs.</p>
<p><b><u>Average Weekly Hours of Service</u></b> – During an IMP or SMP, the average number of hours per week during a twelve (12) month period. Average Weekly Hours of Service includes all regular paid time, paid time off due to vacation, illness, leave of absence, etc. Average Weekly Hours of Service also includes special unpaid time, such as unpaid FMLA, unpaid USERRA, unpaid Jury Duty, and unpaid hours during “special employment breaks” of at least 4 weeks (510 hours max).</p>
<p><b><u>Beginning Benefits Eligibility</u></b> – The period of time when an Eligible Employee is initially eligible for benefits. Begins on date of hire and ends on December 31 of the year in which the first full standard measurement period is completed. A Beginning Benefits Eligibility period is also granted if the employee's appointment is increased to the extent he/she qualifies for a different level of benefits.</p>
<p><b><u>Benefits Eligibility Level Indicator (BELI)</u></b> – A code required in the PPS (Personnel Payroll System) for each appointment to identify the appropriate health and welfare benefit package for an individual: Full Benefits (BELI 1), Mid-level Benefits (BELIs 2–3), Core Benefits (BELI 4), or Ineligible for Benefits (BELI 5). A BELI code controls the types of enrollments applicable to an individual's appointment. See Administrative Supplement II-A for additional information.</p>
<p><b><u>Break in Service</u></b> – Break in Service has the meaning set forth in Administrative Supplement II-E.</p>
<p><b><u>Children's Health Insurance Plan (CHIP)</u></b> – CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. In some states, CHIP covers parents and pregnant women. Each state offers CHIP coverage, and works closely with its state Medicaid program.</p>
<p><b><u>Defined Benefit Plan</u></b> – University of California Retirement Plan (UCRP) California State Teachers' Retirement System (CalSTRS)</p>

## 2. Definitions and Abbreviations

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Federal Civil Service Retirement System (FCSRS) Public Employees' Retirement System (CalPERS) Sacramento County Employees' Retirement System (SCERS) Orange County Employees' Retirement System (OCERS)
<b><u>Defined Contribution Plans</u></b> – Tax-Deferred 403(b) Plan 457(b) Deferred Compensation Plan 401(a) Defined Contribution Plan
<b><u>Dental HMO (DHMO) Plan</u></b> – Dental services are covered only when provided by a licensed dentist who is a member of the Dental HMO Plan's network.
<b><u>Dental PPO Plan</u></b> – Dental services may be provided by any licensed dentist. An annual deductible may be required before benefits are payable, and the member may be responsible for paying some co-insurance percentage for certain covered services. Benefits payable may be limited by an annual maximum; other plan maximums (e.g., for orthodontia) may also apply.
<b><u>DepCare FSA</u></b> – The University of California Dependent Care Flexible Spending Account Plan, a component plan of the University of California Section 125 Plan.
<b><u>Dependent</u></b> – For purposes of the DepCare FSA, a Dependent is: <ul style="list-style-type: none"><li>• A child up to age 13 who is in the employee's custody and is claimed as a dependent on the employee's tax return</li><li>• A spouse who is physically or mentally incapable of self-care</li><li>• A dependent who lives with you, such as a child 13 or older, parent, sibling, in-law, or domestic partner who is physically or mentally incapable of self-care and claimed as a dependent on the employee's tax return</li></ul> For purposes of the Health FSA, a Dependent is an employee's <ul style="list-style-type: none"><li>• Child(ren) up to age 26</li><li>• Spouse</li><li>• Domestic partner, if he or she is your tax dependent</li><li>• Registered domestic partner's children if the employee is considered their stepparent under state law</li><li>• Tax dependent</li></ul>
<b><u>Eligible Employee</u></b> – is an Employee who is eligible for UC Health and Welfare benefit coverage in accordance with the requirements of Part II-A and Administrative Supplement II-A.
<b><u>Employee</u></b> – For purposes of the GIRs, a person classified by the University as an Employee, as defined in the Section 125 Plan, appointed and paid by the University.
<b><u>Enrollment Transaction</u></b> – All enrollment transactions are processed online or via paper enrollment forms.

## 2. Definitions and Abbreviations

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Paper enrollment forms are processed upon receipt of the form by the local Benefits or Accounting Office.

Online data entries are processed according to the following:

- For newly hired employees, enrollment transactions are processed and considered final once they have been entered into the payroll/human resource information system database. Changes can only be made at the benefit manager's discretion, and are done so through paper enrollment forms.
- For enrollments that take place during a PIE or OEP, enrollment transactions are considered final once the PIE or OEP is complete. Changes can be made at any time during through the duration of the PIE or OEP. Once the PIE or OEP has been exhausted, changes cannot be made until the next PIE or OEP.

**Faculty** – Academic appointees hired to teach University-approved courses for credit as described in Academic Personnel Manual 110.

**Family Member** – A child or adult who may be eligible for coverage under one or more University-sponsored health and welfare plans based on such child or adult's relationship to a University Employee or Annuitant.

**Furlough** – The scheduled periods during which Employees in partial-year career positions are not at work are designated as furloughs. (For purposes of the GIRs, the term "Furlough" does not refer to the systemwide furlough plan approved by The Regents on July 16, 2009 and implemented beginning on September 1, 2009.)

**Gross Premium** – Total Plan premium including the University contribution, as well as the Employee/Annuitant portion.

**Health Plans** – Medical Plans coverage, Dental Plan coverage and Vision Plan coverage.

**Health FSA** – The University of California Health Flexible Spending Account Plan, a component plan of the University of California Section 125 Plan.

**Housestaff** – Individuals with titles such as "Resident in \_\_\_\_\_" or "Intern in \_\_\_\_\_."

**Ineligible Group** – Individuals belonging to groups listed in Part II.A.1.a. who are not eligible for coverage under the Faculty and Staff Benefits Program's group health and welfare plans.

**Initial Measurement Period (IMP)** – Applies only to employees who are initially ineligible for benefits. The period of time between the employee's date of hire and one year anniversary of hire. Employees who are measured following the IMP will be eligible for benefits if s/he meets the applicable Average Weekly Hours of Service threshold for his/her group.

## 2. Definitions and Abbreviations

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<p><b><u>Initial Stability Period</u></b> – (Applies only to employees who are initially ineligible for benefits.) The period of time where employees are offered benefits if the employee meets or exceeds the Average Weekly Hours of Service, based on the IMP. The Initial Stability Period lasts 12 months, and starts on the employee’s one year anniversary of hire and ends on the employee’s second year anniversary of hire.</p>
<p><b><u>Medical HMO (Health Maintenance Organization) Plan</u></b> – Medical services are covered only when provided by a licensed provider who is a member of the HMO Plan’s network.</p>
<p><b><u>Medical PPO (Preferred Provider Organization) Plan</u></b> – Medical services may be provided by any licensed provider. An annual deductible may be required before benefits are payable, and the member may be responsible for paying some co-insurance percentage for certain covered services; co-insurance is typically lower when services are provided by a provider in the plan’s network. Benefits payable may be limited by an annual maximum; other plan maximums may also apply.</p>
<p><b><u>Medicare Advantage Plan</u></b> – An arrangement under which Centers for Medicare and Medicaid Services subcontracts for Medicare Plan coverage with a health plan. The member must receive all services from the health plan, including those covered by Medicare and must complete Medicare enrollment forms in order for coverage to be effective.</p>
<p><b><u>Misuse of the Plan</u></b> – Includes but is not limited to actions such as falsifying enrollment information or claims information, allowing others to use the plan identification card, threats or abusive behavior toward plan providers or representatives.</p>
<p><b><u>Net Premium</u></b> – Balance of plan premium after application of the University contribution. Employee’s or Annuitant’s share of the Gross Premium.</p>
<p><b><u>Open Enrollment Period</u></b> – The period of time (as determined by the Plan Administrator) during which benefit plan elections for the following Plan Year are made.</p>
<p><b><u>Pay Status</u></b> – Pay status includes any period of time for which an Employee receives pay for time worked, compensatory time off, or for time on paid leave. Paid leave time includes sick leave, extended sick leave, vacation, administrative leave with pay, holiday, or military leave with pay. Lump-sum payments for terminal vacation do not represent time on Pay Status.</p>
<p><b><u>Plan Administrator</u></b> – The President of the University and any individuals within the Office of the President to whom the President has delegated authority for administration of the University’s Benefits Programs.</p>
<p><b><u>Plan Year</u></b> – The calendar year.</p>
<p><b><u>Primary BELI Status Qualifier Code</u></b> – A code in the PPS used to identify specific and limited qualifying employment situations which affect an Employee’s eligibility</p>

## 2. Definitions and Abbreviations

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<p>for benefits. This code is used in addition to the BELI code to further describe and qualify an individual's status.</p>
<p><b><u>Qualified Beneficiary</u></b> – An individual who is eligible for COBRA coverage as described in Sections 1009, 1109, 1209, and 1309, in accordance with Title XXII of the Public Health Service Act (42 USC 300bb-1 through 300bb-8).</p>
<p><b><u>Qualified Leaves for Professional Renewal</u></b> – Approved leaves which are related to Employees' University positions and are under regular University leave programs for research or teaching (e.g., the Professional Leave Program for MSP Employees, the Teaching Leave Program at the Lawrence Berkeley National Laboratory), or to work under a professional grant or fellowship (e.g., Guggenheim Fellowships). This definition does not include leaves to enroll as a student in a degree program or other personal leaves.</p>
<p><b><u>Retirement Choice Program</u></b> – Primary retirement options for employees hired into an eligible faculty or career staff appointment on or after July 1, 2016.</p>
<p><b><u>Seasonal Employee</u></b> – Individuals who work seasonally each year for less than three months (e.g., agricultural workers). Seasonal employees typically are hired around the same time each year on a temporary basis. The seasonal employee category does not apply to someone who has a series of short-term appointments, with or without breaks in service, during the year.</p>
<p><b><u>Secondary BELI Status Qualifier Code</u></b> – Used to identify an individual's status for purposes of ACA compliance.</p>
<p><b><u>Section 125 Plan</u></b> – The University of California Section 125 Plan, found in Appendix. Covers UC's medical, dental, vision, and Health FSA plans.</p>
<p><b><u>Stability Period</u></b> – The period of time when the employee's eligibility or ineligibility for benefits will remain stable, based on an IMP or SMP (assuming no changes to increase appointment). For example, the Stability Period for an SMP measured from November 1, 2015 – October 31, 2016 occurs from January 1, 2017 – December 31, 2017. The Stability Period for an IMP measured from September 1, 2014 to September 1, 2015 will extend from September 2, 2015 to September 2, 2016. The employee's eligibility status remains the same during the Stability Period regardless of the number of hours worked during the Stability Period, as long as the employee remains employed by the University, and as long as the employee's appointment is not increased to the extent he/she qualifies for a different level of benefits, subject to additional provisions defined herein.</p>
<p><b><u>Standard Measurement Period (SMP)</u></b> – The period of time lasting one year that determines ongoing eligibility for benefits. The period of time depends on whether the employee is a monthly paid employee or a bi-weekly paid employee. The SMP for monthly paid employees is November 1 – October 31. The SMP for bi-weekly paid employees depends on the payroll calendar, but is generally from November of the previous year to November of following year (i.e. November 9, 2014 – November 7, 2015).</p>

**Status Change** – An IRS recognized event that allows a change in plan selection outside Open Enrollment.

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## B. Abbreviations

<b><u>AD&amp;D</u></b>	Accidental Death and Dismemberment Insurance
<b><u>ADR</u></b>	Adult Dependent Relative (prior to 12/31/03)
<b><u>BBE</u></b>	Beginning Benefits Eligibility
<b><u>BELI</u></b>	Benefits Eligibility Level Indicator
<b><u>CHIP</u></b>	Children’s Health Insurance Program
<b><u>CMS</u></b>	Centers for Medicare and Medicaid Services
<b><u>CTO</u></b>	Class Title Outline
<b><u>COBRA</u></b>	Consolidated Omnibus Budget Reconciliation Act of 1985
<b><u>DepCare FSA</u></b>	Dependent Care Flexible Spending Account (formerly Dependent Care Reimbursement Account (DepCare))
<b><u>DHMO</u></b>	Dental Health Maintenance Organization
<b><u>FICA</u></b>	Federal Insurance Contributions Act tax (Social Security)
<b><u>FMLA</u></b>	Family and Medical Leave Act of 1993
<b><u>Health FSA</u></b>	Health Flexible Spending Account (formerly Health Care Reimbursement Account (HCRA))
<b><u>HIPAA</u></b>	Health Insurance Portability and Accountability Act of 1996
<b><u>HMO</u></b>	Health Maintenance Organization Medical Plan
<b><u>IMP</u></b>	Initial Measurement Period
<b><u>IRS</u></b>	Internal Revenue Service
<b><u>OEP</u></b>	Open Enrollment Period
<b><u>PIE</u></b>	Period of Initial Eligibility
<b><u>PPS</u></b>	Payroll and Personnel System (legacy system)
<b><u>SMP</u></b>	Standard Measurement Period
<b><u>TIP</u></b>	Tax Savings on Insurance Premiums Plan
<b><u>UC</u></b>	University of California
<b><u>UCRP</u></b>	University of California Retirement Plan



## **PART II**

### **General Eligibility Provisions**

# 1. Eligibility

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## A. Employee Eligibility

Eligible Employees may qualify for one of three benefit packages: Full, Mid-level, or Core. The specific package(s) applicable to each plan, as well as operational details and eligibility examples are listed in Administrative Supplement II-A.

1. **Initial Eligibility** – In order to become *initially eligible* for benefits, the newly hired Employee's appointment is evaluated using the following factors: appointment type, membership in UCRP, appointment percentage, and appointment duration. If the employee does not meet the criteria, the employee is not *initially eligible* for benefits.

- a. **Appointment Type** – The “appointment type” defines the eligible group to which an Employee must belong and identifies the criteria that apply in order to be considered eligible.

The following Appointment Types are eligible under Group A Percentage and Duration criteria in the chart below:

- Appt. Type 1: Contract
- Appt. Type 2: Regular/Career
- Appt. Type 3: Limited
- Appt. Type 5: Academic (except those with a CTO of 400-499)
- Appt. Type 7: Partial Year/Career
- Appt. Type 8: Floater

The following Appointment Types are eligible under Group B Percentage and Duration criteria in the chart below:

- Appt. Type 4: Casual/Restricted (Students)<sup>1</sup>
- Appt. Type 5: Academics with a CTO of 400 – 499
- Appt. Type 6: Per Diem
- Seasonal Employees
- Graduate Students
- Those paid solely “by agreement,” or by stipend

Once membership in an eligible group is determined, analysis of UCRP membership, appointment percentage, and duration is required to establish eligibility for a benefits package.

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<sup>1</sup> A specific group of employees within Appt. Type 4 may participate in the non-student UC-sponsored Dependent Care Flexible Spending Account (DepCare FSA) plan for faculty and staff Employees. See Section 9002 in Flexible Spending Account for additional detail.

- b. **Ineligible Group** – Individuals belonging to groups listed below are not eligible for coverage under the Faculty and Staff Benefits Program’s group health and welfare plans. These categories include but are not limited to the following:
- Individuals not classified by the University as Employees;
  - Individuals classified by the University as Employees of any entity other than the University;
  - Individuals classified by the University as an independent contractor or Independent consultant, or non-Employee consultant;
  - Residents/Housestaff/Fellows offered benefits through locally managed benefit programs;
  - Post-doctoral scholars offered benefits through the Post-doctoral Scholars Benefit Program;
  - Individuals who have been separated and subsequently appointed to a “without salary” position for purposes of research affiliation (e.g., Emeritus Professor, WOS);
  - Individuals who have retired from UC employment and are eligible for coverage through UC’s retiree insurance program but who return to work in limited appointments, see Section II.1.A.1.f. for additional detail.
- c. **Membership in UCRP or Retirement Choice Program** –
- i. **UCRP** – Employees in a UCRP-eligible appointment are eligible for the Full benefits package, as of the first day of membership in a UCRP-eligible appointment. Historically, small, defined groups of other retirement systems’ members (CalPERS, FCSRS, FERS, CalSTRS, SCERS, and OCERS) were also eligible for the Full benefits package – see Administrative Supplement II-B for the definition of each group.
  - ii. **Retirement Choice Program** – Employees in an appointment that is eligible for the Retirement Choice Program are eligible for the Full benefits package, as of the first day of eligibility for Retirement Choice.
  - iii. If there is no retirement plan membership, analysis of appointment percentage and duration is required to establish eligibility for a benefits package.
- d. **Appointment Percentage** – Employees are eligible for the most generous benefits package for which appointment percentage and duration qualify, based on the percentage and duration chart below, applying applicable guidelines for calculating percentage below.
- i. If the Employee is given multiple appointments that run concurrently, add the appointment percentages together to determine which benefits package to assign the Employee.

(Appointments should never total more than 100%.) For example: Employee has two appointments – both from 01/01/14 through 12/31/14 at 40%. The total of all appointments is 80%.

- ii. If an Employee represented by Unit 18 (Lecturers) has an academic year appointment (July 1 through June 30) with different levels of percent time (greater than zero) in each quarter or semester, the appointment should be treated as a variable time appointment and benefits eligibility based on the average percent time for the total year's appointment. For example: Employee has a 33% appointment during the Fall, 100% during the Winter, and 67% during the Spring. The average (67%) may be used to determine eligibility on date of hire. Eligibility for subsequent years is determined based on results of the SMP.
- e. **Appointment Duration** – Offer the Employee the most generous benefits package for which appointment percentage and duration qualify, based on the percentage and duration chart below, applying applicable guidelines for calculating duration below.
  - i. If an appointment has an end date to reflect funding or visa restrictions, but is intended to be indefinite or last for at least 12 months, it may be viewed as indefinite. In PPS, assign an Appointment Duration Code “B” or “V.”  
“B” – the appointment end date is for “budget purposes only.”  
“V” – the appointment end date is for “visa purposes.”
  - ii. If an Employee is given multiple appointments that run consecutively without a break in service, and you know about both appointments at the time of hire, combine the appointments to determine the benefits package effective with the date of hire. For example: Employee has two appointments, both at 100%. The first starts 01/01/14 and ends 05/31/14. The second starts 6/01/14 and ends 12/31/14. When you add the two appointments together they combine to 100% from 1/1/14 through 12/31/14, effective 1/1/14.
  - iii. If an Employee is given multiple appointments that run consecutively without a break in service, but the second appointment is added after the first, add the time together to determine the new benefits package at the time the second appointment is approved. For example: Employee has one appointment at 100% from 01/01/14 until 05/31/14. Determine benefits eligibility on 1/1/14 using only the 5-month duration. The second appointment is approved on 6/1/14 and is 100% from 6/01/14 to 12/31/14. On 6/1/14, add the two appointments together and consider the appointment of 1/1/14 – 12/31/14 to re-determine the benefits package, effective 6/1/14.
  - iv. If an Employee is given a limited appointment which is later extended, consider the total appointment to determine the new

benefits package at the time the extension is approved. For example: Employee has one appointment at 100% from 01/01/14 until 05/31/14. Determine benefits eligibility on 1/1/14 using only the 5-month duration. An extension of the appointment is approved on 3/1/14, with a new end date of 12/31/14. On 3/1/14, consider the new appointment of 1/1/14 – 12/31/14 and re-determine the benefits package, effective 3/1/14.

- v. If an Employee represented by Unit 18 (Lecturers) has employment commitments quarter-by-quarter (i.e. subsequent quarters are not known at the time of first quarter), the initial appointment for the fall quarter must be evaluated separately with additional appointments treated as in d.iii. above.

- f. **Re-hired Retiree Members** – Refer to Regents Policy 7706 for details regarding Initial Eligibility for benefits.

Individuals who (1) have retired from UC employment, (2) are eligible for coverage through UC's retiree insurance program, and (3) return to work in limited appointments are ineligible for active Health & Welfare benefits. The continued inclusion of rehired retirees in the retiree health insurance program is subject to that program's compliance with applicable Medicare Secondary Payer provisions and any retiree-only plan exceptions.

## GROUP A PERCENTAGE and DURATION CHART: INITIAL ELIGIBILITY

<b>BENEFIT PACKAGE</b>	<b>Combined Appointment % and Duration</b>	<b>UCRP Membership Required?</b>	<b>Examples</b>
<b>FULL</b>	50% or more and 12 months or more  Accumulation of 1,000-eligible hrs (or 750 hrs for Unit 18) in a rolling 12-month period.	YES	Assistant I, appointed indefinitely at 75% time  Director, 7/1/14 – 6/30/15 at 75% time
<b>MID-LEVEL</b>	50% or more and 12 months or more	NO	"Visiting" Post Doc, 7/1/14 to 6/30/15 at 50% time  Lecturer, appointed variably by quarter with at least one quarter below 50%, but appointment averaging used
<b>MID-LEVEL</b>	100% and 3 months or more, but less than one year	NO	CRS II appointed at 100% from 9/2/14 – 12/1/14 (3 months)  Lecturer, 10/1/14 – 12/31/14 (3 months) at 100%  Assistant I, 1/1/14 – 12/15/14 (11.5 months) at 100%
<b>CORE</b>	43.75% or more but does not satisfy % and duration for BELI 1, 2, or 3	NO	Senior Clerk, one month, 100% Employee appointed at 49% indefinitely  Lab Assistant 9/2/14 – 11/30/14 at 100% (less than 3 months)
<b>NO BENEFITS</b>	Less than 43.75%	NO	Assistant I, 5 hours/week

## GROUP B PERCENTAGE and DURATION CHART: INITIAL ELIGIBILITY

BENEFIT PACKAGE	Combined Appointment % and Duration	UCRP Membership Required?	Examples
<b>CORE</b>	75% or more for 3 months or more	NO	Student with two appointments, totaling 75% or more indefinitely  Assistant I, 15 hours/week, 7/1/2016 – 9/30/2016 (student title) PLUS Assistant I, 15 hours/week, 7/1/2016 – 9/30/2016 (student title) = 75% time indefinitely  Nurse, Per Diem, 90% indefinitely
<b>NO BENEFITS</b>	75% for less than 3 months  Less than 75%  Seasonal Employees	NO	Recreation Instructor, 3 hours per week  Agricultural Worker

- g. **Beginning Benefits Eligibility (BBE)** – The Beginning Benefits Eligibility period is the period of time between a new employee's start date at the University and December 31 following the completion of a full Standard Measurement Period (described below), and applies only to employees who are ***initially eligible*** for benefits under Group A or Group B. Benefits will continue throughout the employee's BBE. Upon completion of a full Standard Measurement Period, UC will calculate the employee's Average Weekly Hours of Service to determine if benefits continue or end at the conclusion of the BBE. The Average Weekly Hours of Service threshold for Group A and Group B are shown below:

Appointment Type	Average Hours Threshold
Group A	17.5 hours per week
Group B	30 hours per week

For example, a monthly paid employee hired on April 1, 2015 will complete a BBE on December 31, 2016. The BBE does not end on December 31, 2015 because the employee did not complete a full

Standard Measurement period by December 31, 2015. Benefits for the employee start on April 1, 2015 and continue through December 31, 2016. If the employee meets the Average Weekly Hours of Service threshold for his/her group (shown above in the chart), the employee's benefits will continue for the Stability Period beginning on January 1, 2017. If the employee does not meet the Average Weekly Hours of Service threshold for his/her group, the employee's benefits will end on December 31, 2016.

- h. **Initial Measurement Period** – The Initial Measurement Period is the period of time between a new employee's start date at the University and his/her one year anniversary of hire, and applies only to employees who are ***initially ineligible*** for benefits under either Group A or Group B. UC will determine the employee's Average Weekly Hours of Service during the IMP. An employee will be offered benefits beginning the first of the month following a 1-month administrative period following his/her one-year anniversary of hire, and continuing for a 12-month Initial Stability Period if the Average Weekly Hours of Service during the IMP meet the following thresholds:

Appointment Type	Average Hours Threshold
Group A	17.5 hours per week
Group B	30 hours per week

Benefits eligibility beyond the Initial Stability Period is described in Continuing Eligibility/Continuing Ineligibility/Newly Eligible below.

For example, a monthly employee is hired on April 1, 2015 and is not initially eligible for benefits based on the Appointment Percentage and Duration. The employee's IMP starts on April 1, 2015 and ends on March 31, 2016. During the month of April 2016, the employee is measured and if the employee meets the Average Weekly Hours of Service threshold for his/her group (stated above in the chart), the employee is eligible for benefits starting on May 1, 2016 lasting until April 31, 2017. If the employee does not meet the Average Weekly Hours of Service threshold for his/her group, the employee will continue to not receive benefits from April 1, 2016 to December 31, 2016. Benefits eligibility beyond December 31, 2016 is described in Continuing Eligibility/Continuing Ineligibility/Newly Eligible.

2. **Continuing Eligibility/Continuing Ineligibility/Newly Eligible** – After determining an employee's initial eligibility/initial ineligibility for benefits, the employee is re-assessed on a yearly basis to determine the following:
- Continuing eligibility for benefits, or
  - Continuing ineligibility for benefits, or



- Newly eligible for benefits.

The re-assessment is done when an employee has completed a full SMP (described below).

- a. **Standard Measurement Period** – An SMP is a period of time lasting one year, the dates depending on whether the employee is a monthly paid employee or a bi-weekly paid employee, and determines ongoing eligibility for benefits. The SMP takes place annually. The SMP for monthly-paid employees is November 1 – October 31. The SMP for bi-weekly paid employees is the pay periods between November 1 – October 31, and changes annually based on the year's payroll calendar. As an example, the SMP for bi-weekly paid employees in 2016 runs from November 8, 2015 – November 5, 2016. During the SMP, the employee's Average Weekly Hours of Service are calculated to determine benefits eligibility for the following Stability Period (described below).

The SMP applies to all employees regardless of initial eligibility or initial ineligibility for benefits, with the exception of those classes of employees who are ineligible for benefits as described in Part II.A.4. Employees who belong to the Ineligible Group do not participate in the SMP. Further, the SMP applies only to employees who have been employed throughout the entire current SMP. For example, a monthly paid employee who was hired on July 1, 2016 will not have been employed for an entire SMP until November 1, 2016 to October 31, 2017. The employee does not participate in the SMP administered in November 2016 (covering November 1, 2015 to October 31, 2016 because the employee was not employed throughout that entire SMP.

At the end of the SMP, UC will calculate the employee's Average Weekly Hours of Service to determine benefits eligibility. The Average Weekly Hours of Service requirement for Group A and Group B is shown below:

Appointment Type	Average Hours Requirement
Group A	17.5 hours per week
Group B	30 hours per week

If the employee meets the Average Weekly Hours of Service threshold for their group, the employee will be offered coverage throughout the duration of the subsequent Stability Period. The benefit package that is offered corresponds to the Appointment Type and Duration of their Group. Coverage is effective January 1 – December 31 following the current SMP.

If the employee does not meet the Average Weekly Hours of Service threshold for their group, then coverage terminates on December 31 of

the current calendar year. The employee is ineligible for benefits from January 1 – December 31 of the following year unless the employee's appointment changes to qualify under initial eligibility rules again.

In some instances, there is an overlap between the Stability Period that occurs as a result of the IMP and the employee's first SMP. See examples below:

- i. Employee Deemed **Eligible** for Benefits due to the IMP
  - a. If after the first IMP the employee is deemed eligible for benefits, coverage will extend beyond the employee's second year anniversary of hire and into the current Stability Period.
  - b. For example, an employee hired on January 1, 2014 is initially ineligible for benefits. At end of IMP, employee is measured and is eligible for benefits for the stability period of February 1, 2015 – February 1, 2016 (employee's one year anniversary of hire and second year anniversary of hire). The employee is subsequently measured in November 2015, following the SMP of November 1, 2014 – October 31, 2015, and is deemed eligible for benefits for the Stability Period of January 1 – December 31, 2016. The employee's benefits continue to the end of the SMP Stability Period (December 31, 2016).
- ii. Employee Deemed **Ineligible** for Benefits due to the SMP
  - a. If after the first SMP the employee is deemed ineligible for benefits, coverage will end at the end of the employee's current Stability Period.
  - b. For example, an employee hired on January 1, 2014 is initially ineligible for benefits. At end of IMP, employee is measured and is eligible for benefits for the stability period of February 1, 2015 – February 1, 2016 (employee's one year anniversary of hire and second year anniversary of hire). The employee is subsequently measured in November 2015, following the SMP of November 1, 2014 – October 31, 2015, and is deemed ineligible for benefits. The employee's benefits will end on February 1, 2016.

Measuring continuing eligibility through the SMP will be done on an annual basis.

- b. **Stability Period** – The Stability Period is the timeframe where the employee's eligibility for benefits will remain stable, based on an IMP or SMP. For example, the Stability Period for an SMP that occurs from November 1, 2015 – October 31, 2016 occurs from January 1, 2017 – December 31, 2017. The Stability Period for an IMP that occurs from

September 1, 2014 to September 1, 2015 will take place on October 1, 2015 to September 30, 2016.

The employee's eligibility status remains the same throughout the Stability Period regardless of the number of hours worked during the Stability Period. However, if any of the events listed in Duration of Coverage (Section 1008.) or Termination of Coverage (Section 1009.) occurs, coverage is subject to the timeframes associated with the event.

- c. **Administrative Period** – The time period between the measurement period and corresponding Stability Period where UC determines an employee's eligibility for benefits, as well as notify and enroll the employee and their dependents into UC sponsored coverage. The administrative period for the IMP is the month following the one-year anniversary of hire. The administrative period for the SMP is the months of November and December.

3. **Rehire Following a Break in Service**

a. **Rehires following separation of less than 26 weeks**

At the time the rehire appointment is approved, evaluate and award new benefits package as appropriate;

1. Evaluate appointment percentage & duration; if not eligible, then
2. Evaluate for 1,000/750 hours; if not eligible then
3. Evaluate for stability period; if in an active stability period, award Core and measure at next SMP

At new appointment for which benefits are awarded, provide a *beginning benefits eligibility period*

b. **Rehires following separation more than 26 weeks**

At the time the rehire appointment is approved, evaluate and award new benefits package as appropriate;

1. Evaluate appointment percentage & duration; if not eligible, then
2. Evaluate for 1,000/750 hours; if not eligible then
3. Assign No Benefits/BELI 5 and IMP

At new appointment for which benefits are awarded, provide *beginning benefits eligibility period*

c. **Exception: Rehired Retirees**

- Generally rehired at 43% or less (not eligible for benefits)

- Recalled/rehired individuals who are enrolled, or eligible for enrollment, in a UC retiree medical plan do not need to be offered “employee” coverage should they still be in a stability period upon return to work
- “R” code keeps rehires out of 1,000 hour process

#### 4. **Transfer to and from an Ineligible Group**

- a. If an Employee is transferred from a position with benefits to a position which is in an Ineligible Group with or without a break in service, then all health and welfare benefits stop at the end of the month of transfer, with the exception of Disability Insurance. Coverage for Disability Insurance ends at the date the transfer took place. For more information, see Section 1009.H. and Section 7000.D.
- b. If an Employee is transferred from an ineligible group to an appointment type which is eligible for benefits, evaluate criteria as though a new employee; any health and welfare benefits begin on the date that the transfer took place.

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## B. Annuitant Eligibility

To be eligible for University-sponsored group health and welfare benefits, Retired Members, Disabled Members, and Survivors (collectively, Annuitants) must meet the eligibility requirements specified in Part IV of these Group Insurance Regulations. The Family Member Eligibility rules described in Part II.1.C., below, including the Family Member Eligibility provisions, apply to Employees and Annuitants, except to the extent provided in Part IV, Section 6002.

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## C. Family Member Eligibility

Eligible Employees enrolled in a plan providing coverage for eligible Family Members may enroll themselves and their eligible Family Members, in accordance with the following. See Eligibility sections of each plan for limitations on Eligible Family Members. See Part II.D. for procedures for verification of eligibility of Family Members.

1. **Subject to the requirements specified in C.2, below, eligible Family Members include the eligible Employee’s:**

**Eligible Adult:**

- a. Spouse, or
- b. Domestic Partner

**Eligible Child(ren):**

- a. The Employee’s biological or adopted child, step-child, grandchild, step-grandchild, or legal ward.
- b. The spouse’s biological or adopted child or grandchild (Employee’s step-child/grandchild), or
- c. The domestic partner’s biological or adopted child or grandchild.
- d. Any child listed above (except a legal ward) who is over the plan’s age limit but who is incapable of self-support due to a physical or mental disability.

**Ineligible relatives:**

Relatives not eligible for coverage include, but are not limited to: in-laws, siblings, former spouses or former domestic partners, former step-children, legally separated spouses, spouses of the children or grandchildren of the Employee or the Employee’s Spouse/Domestic Partner, cousins of the Employee or Employee’s Spouse/Domestic Partner, and new spouses/domestic partners of survivor Annuitants.

**2. FAMILY MEMBER ELIGIBILITY REQUIREMENTS**

<b>(Relationship is to Employee or Annuitant unless stated otherwise)</b>	<b>PLANS ELIGIBLE FOR</b>	<b>DATE ELIGIBILITY BEGINS</b>
<p><b>I. ELIGIBLE ADULT</b></p> <p>Only one Eligible Adult may be enrolled in an Employee’s University-sponsored plans. (A grandfathered Adult Dependent Relative enrolled prior to 12/31/03 qualifies as the one eligible adult; see “Grandfathered Eligible Family Members” at the end of this section.) A survivor Annuitant cannot enroll a new eligible adult. The Eligible Adult must be the same person for all plans.</p>		
<p><b>(a) Spouse: Must be</b></p> <ul style="list-style-type: none"> <li>• The Employee’s legal spouse                             <ul style="list-style-type: none"> <li>○ Legal spouse may include an individual in a relationship with the Employee that was established outside of California and that satisfies the requirements for recognition as a common law marriage under the laws of the jurisdiction in which it is claimed that the marriage occurred.</li> </ul> </li> <li>• A legally separated spouse or a former spouse or former domestic partner is not eligible to participate in University-sponsored plans even if the separation or divorce settlement requires the Employee to provide coverage.</li> </ul>	<p>Medical, Dental, Vision, Dependent Life, AD&amp;D, and Legal,</p> <p>Annuitant Medical, Dental, Vision, Legal, and AD&amp;D</p>	<p>Date of marriage</p>

<b>(Relationship is to Employee or Annuitant unless stated otherwise)</b>	<b>PLANS ELIGIBLE FOR</b>	<b>DATE ELIGIBILITY BEGINS</b>
<p><b>(b) Domestic Partner: Must be</b></p> <ul style="list-style-type: none"> <li>• The same sex as the Employee; or if opposite sex, either the Employee or the domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age</li> <li>• In a domestic partnership registered with the State of California, OR,</li> <li>• Able to meet the following requirements: <ul style="list-style-type: none"> <li>- Each other's sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely</li> <li>- Neither may be legally married nor in another domestic partnership</li> <li>- Not related to each other (e.g., not parents and children, brothers and sisters, half-brothers and half-sisters, uncles and aunts, nieces and nephews, or ancestors and descendants of every degree (this means grandparents and grandchildren, great-grand-parents and great-grandchildren, etc.)</li> <li>- Both parties must be at least 18 years old and capable of consenting to the relationship</li> <li>- Employee/Annuitant and domestic partner must be financially interdependent</li> <li>- Share a common residence</li> </ul> </li> <li>• Same-sex domestic partners from jurisdictions other than California will be covered to the extent required by law</li> </ul>	<p>Medical, Dental, Vision, Dependent Life, AD&amp;D, and Legal,</p> <p>Annuitant Medical, Dental, Vision, Legal, and AD&amp;D</p>	<p>Date all eligibility requirements are met</p>
<b>II. ELIGIBLE CHILD</b>		
<b>(Relationship is to Employee or Annuitant unless stated otherwise)</b>	<b>PLANS ELIGIBLE FOR</b>	<b>DATE ELIGIBILITY BEGINS</b>
<p><b>(a) Child (Biological/Adopted) of Employee. Must be:</b></p> <ul style="list-style-type: none"> <li>• <b>Under age 26</b></li> </ul>	<p>Medical, Dental, Vision, Dependent Life, AD&amp;D (Active EE</p>	<p>Biological child: date of birth</p> <p>Adopted child: the earlier of:</p>

<b>(Relationship is to Employee or Annuitant unless stated otherwise)</b>	<b>PLANS ELIGIBLE FOR</b>	<b>DATE ELIGIBILITY BEGINS</b>
<p>If the Employee is considered the step-parent of the child(ren) of his or her spouse, the child is considered the Employee's step-child. If the marriage has been dissolved due to death or dissolution of the marriage, the child is no longer considered the Employee's step-child.</p>	<p>only), and Legal  Annuitant Medical, Dental, Vision, and Legal</p>	<ul style="list-style-type: none"> <li>• The date the child is placed for adoption with the Employee, or,</li> <li>• The date the Employee has the legal right to control the child's health care</li> </ul>
<p><b>(b) Child (Biological/ Adopted) of Spouse/Domestic Partner. Must be:</b></p> <ul style="list-style-type: none"> <li>• <b>Under age 26</b></li> </ul> <p>Spouse or domestic partner must be eligible for University-sponsored coverage but does not have to be enrolled.</p> <p>If the Employee is considered the step-parent of the child(ren) of his or her <i>registered</i> domestic partner under state law, the child is considered the Employee's step-child. If the domestic partnership has been dissolved due to death or dissolution of the domestic partnership, the child is no longer considered the Employee's step-child.</p> <p>A survivor Annuitant cannot enroll the child(ren) of a new spouse or new domestic partner.</p>	<p>Medical, Dental, Vision Dependent Life, AD&amp;D (Active EE only), and Legal  Annuitant Medical, Dental, Vision, and Legal</p>	<p>The later of:</p> <ul style="list-style-type: none"> <li>• the date the child's parent becomes an Eligible Adult,</li> <li>• date of adoption, or,</li> <li>• date of birth.</li> </ul> <p>Adopted child: the earlier of:</p> <ul style="list-style-type: none"> <li>• The date the child is placed for adoption with the Eligible Adult, or,</li> <li>• The date the Eligible Adult has the legal right to control the child's health care</li> </ul>
<p><u>Eligible Adult Enrolled:</u> None</p> <p>Spouse</p> <p>Domestic Partner</p> <p>Adult Dependent Relative (grandfathered)</p>	<p><u>Employee/Retired Member May Enroll Child(ren) of:</u> Self and/or Spouse or domestic partner</p> <p>Self and/or Spouse</p> <p>Self and/or domestic partner</p> <p>Self and/or spouse or domestic partner</p>	
<p><b>III. ELIGIBLE GRANDCHILD</b></p>		

<b>(Relationship is to Employee or Annuitant unless stated otherwise)</b>	<b>PLANS ELIGIBLE FOR</b>	<b>DATE ELIGIBILITY BEGINS</b>
<p><b>(a) Grandchild of Employee. Must be:</b></p> <ul style="list-style-type: none"> <li>• Under age 26</li> <li>• Unmarried</li> <li>• Living with the Employee</li> <li>• Dependent on the Employee for 50% or more of his/her support</li> <li>• Claimed as the Employee's dependent for income tax purposes<sup>2</sup></li> </ul>	<p>Medical, Dental, Vision, Dependent Life, AD&amp;D (Active EE only), and Legal</p>	<p>The date grandchild meets all eligibility requirements</p>
<p><b>(b) Grandchild of Spouse/Domestic Partner:</b></p> <ul style="list-style-type: none"> <li>• Under age 26</li> <li>• Unmarried</li> <li>• Living with the Employee</li> <li>• Dependent on the Employee or Spouse/Domestic Partner for 50% or more of his/her support</li> <li>• Claimed as the Employee's or spouse/domestic partner's dependent for income tax purposes</li> </ul>	<p>Medical, Dental, Vision, Dependent Life, AD&amp;D (Active EE only), and Legal</p>	<p>The date the spouse / domestic partner and grandchild meet all eligibility requirements</p>
<p>Spouse or Domestic partner must be eligible for University-sponsored coverage, but does not have to be enrolled.  <i>A Survivor Annuitant cannot enroll a grandchild of a new spouse or domestic partner.</i></p>		
<p><u>Eligible Adult Enrolled:</u> None</p> <p>Spouse</p> <p>Domestic Partner</p> <p>Adult Dependent Relative (grandfathered)</p>	<p><u>Employee/Retired Member May Enroll Child(ren) of:</u> Self and/or Spouse or domestic partner</p> <p>Self and/or Spouse</p> <p>Self and/or domestic partner</p> <p>Self and/or spouse or domestic partner</p>	
<p><b>IV. ELIGIBLE LEGAL WARD</b></p>		

<sup>2</sup> **Partial year tax dependency:** If a Family Member for whom tax dependency is a requirement is a tax dependent for only part of the year, the following alternative legal documentation may be accepted in lieu of the tax verification requirement. In the event tax dependency is lost due to one of the following events, the supporting documents shown for each may be accepted.

- Divorce – A copy of the divorce papers as proof of eligibility loss.
- Change in custody – A copy of the custody agreement papers reflecting the change.
- Employment – If an enrolled child becomes employed, a letter from his/her employer which states the date of hire.



<b>(Relationship is to Employee or Annuitant unless stated otherwise)</b>	<b>PLANS ELIGIBLE FOR</b>	<b>DATE ELIGIBILITY BEGINS</b>
<p><b>Must be:</b></p> <ul style="list-style-type: none"> <li>• Under age 18</li> <li>• Unmarried</li> <li>• Living with the Employee</li> <li>• Dependent of the Employee for at least 50% of his/her support</li> <li>• Claimed as the Employee's dependent for income tax purposes</li> </ul>	<p>Medical, Dental, Vision, Dependent Life, Legal, and AD&amp;D (Active EE only)</p>	<p>Date all eligibility requirements are met</p>
<p><b>V. OVERAGE DISABLED CHILD</b></p>		
<p><b>An eligible child as defined in II. or III. above who is:</b></p> <ul style="list-style-type: none"> <li>• Age 26 or older</li> <li>• Unmarried</li> <li>• Incapable of self-support due to a mental or physical disability</li> <li>• Chiefly dependent on the Employee or Spouse/Domestic Partner for his/her support (50% or more)</li> <li>• Claimed as the Employee's, the spouse's or the domestic partner's dependent for income tax purposes, or if not claimed as such dependent for income tax purposes, is eligible for Social Security income or Supplemental Security Income (SSI) as a disabled person or is working in supported employment which may offset the Social Security or SSI</li> </ul> <p><i>See Administrative Supplement II-D for procedures for verification of eligibility of Overage Dependent Children.</i></p> <p><i>A legal ward is not eligible.</i></p>	<p>Medical, Dental, Vision, Dependent Life, AD&amp;D (Active EE only), and Legal</p> <p>Annuitant Medical, Dental, Vision, Legal</p>	<p>For the child of a current Employee, spouse or domestic partner:</p> <ul style="list-style-type: none"> <li>- The date the child becomes age 26 and meets the requirements of this section V.</li> </ul> <p>For a newly acquired child who meets the requirements of this section V:</p> <ul style="list-style-type: none"> <li>- The date the child is acquired.</li> </ul> <p>For the child of a newly hired Employee or of the spouse or domestic partner of a newly hired Employee:</p> <ul style="list-style-type: none"> <li>- The date the Employee becomes an eligible Employee.</li> </ul>
<p><u>To Continue Coverage for an Overage Disabled Child:</u></p> <p>An Employee may apply to continue coverage under a University-sponsored plan for an overage disabled child if:</p> <ul style="list-style-type: none"> <li>• the child was disabled and enrolled in the plan before age 26;</li> <li>• the child is disabled and enrolled in the plan at the time application is made for continued coverage;</li> <li>• application is made to the carrier before the child's 26th birthday; and</li> <li>• the carrier approves the application.</li> </ul> <p><u>To apply for coverage for an Overage Disabled Child:</u></p> <p>Application for coverage may be made for the overage disabled child of a newly eligible</p>		

<b>(Relationship is to Employee or Annuitant unless stated otherwise)</b>	<b>PLANS ELIGIBLE FOR</b>	<b>DATE ELIGIBILITY BEGINS</b>
<p>Employee, or for a newly acquired overage disabled child of an eligible Employee, under the same general terms as a disabled dependent child who is eligible to continue coverage past age 26 if:</p> <ul style="list-style-type: none"> <li>• the disability began before age 26;</li> <li>• the child had continuous medical coverage since age 26;</li> <li>• application is made to the carrier during the child's period of initial eligibility; and</li> <li>• the carrier approves the application.</li> </ul> <p>Operational procedures regarding continuation of coverage for overage dependent children may be found in Administrative Supplement II-D.</p>		
<p><b>VI. GRANDFATHERED ELIGIBLE FAMILY MEMBERS</b></p> <p>The following categories of family members were at one time eligible but are currently no longer eligible. Family members in any of the categories who were enrolled at the time of the change in eligibility rules may continue coverage as long as they meet the requirements below. If an Other Child enrolled before September 1, 1994 or an ADR enrolled before December 31, 2003 loses coverage due to the Employee's Break in Service or for any other reason, that child or the ADR may not be reenrolled at a later date unless the child or ADR is otherwise eligible (for example, the child is adopted by the Employee). A Break in Service is described in Administrative Supplement II-E.</p>		
<p><b>1) Adult Dependent Relative: Must be:</b></p> <ul style="list-style-type: none"> <li>• Enrolled before 12/31/03</li> <li>• Age 18 or older</li> <li>• Incapable under California law of a valid marriage to the Employee because of a family relationship</li> <li>• Living with the Employee or in a convalescent hospital or nursing home</li> <li>• Claimed as the Employee's dependent for income tax purposes</li> <li>• Ineligible for Medicare Part A – Adult dependent relatives reaching age 65 will be automatically de-enrolled unless documentation is provided proving ineligibility for premium-free Medicare Part A.</li> <li>• Continuously eligible and covered</li> </ul> <p><i>A Survivor Annuitant cannot enroll an Adult Dependent Relative.</i></p> <p><i>May only continue plans enrolled in as of 12/31/03; if coverage period is broken on or after 1/1/04, ADR may not be re-enrolled.</i></p>	<p>Medical, Dental, Vision Annuitant Medical and Dental</p>	<p>n/a</p>
<p><b>2) Other Child: Must be:</b></p> <ul style="list-style-type: none"> <li>• Enrolled before 9/1/94</li> <li>• Under age 26</li> <li>• Unmarried</li> <li>• Living with the Employee</li> <li>• Dependent on the Employee for at least 50% of his/her support</li> </ul>	<p>Medical, dental, vision</p>	<p>n/a</p>

<b>(Relationship is to Employee or Annuitant unless stated otherwise)</b>	<b>PLANS ELIGIBLE FOR</b>	<b>DATE ELIGIBILITY BEGINS</b>
<ul style="list-style-type: none"><li>• Claimed as the Employee's dependent for income tax purposes</li><li>• Continuously eligible and covered</li></ul> <p>In addition, the eligible Employee must continue to have the legal right to authorize medical care for the child.</p>		

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## D. FAMILY MEMBER ELIGIBILITY VERIFICATION (FMEV)

1. **Overview** – Upon receipt of notice and instructions from UC Human Resources, any Employee who enrolls another adult and/or child(ren) in a UC health or welfare plan must submit the documentation specified as necessary to verify that the individual(s) enrolled are the Employee's eligible Family Member(s). This Section 3.D. applies for Plan Years 2013 and after. For 2012, see Administrative Supplement No. 26 in the previous GIR document (2012 Family Member Eligibility Verification Project).
2. **FMEV Governing Documents** – Documents provided to Employees upon hire or re-verification describe the FMEV procedures and requirements and explain the consequences of the failure to comply with those procedures and requirements. Those documents may be amended or deleted from the FMEV process and new documents may be added, as determined by the Plan Administrator.

3. **Appeals**

If individuals enrolled as the Employee's, Annuitant's, or former Employee COBRA enrollee's Family Member(s) (the "claimant(s)") are disenrolled from UC-sponsored health/welfare plan coverage (i.e., coverage is cancelled) in accordance with the requirements described in the FMEV Governing Documents, the claimant(s) may appeal the cancellation of coverage in accordance with the FMEV Appeal Procedures described in Administrative Supplement No. II-C.

If the Employee has a grandfathered Adult Dependent Relative (ADR), the Employee must provide, upon request, documents supporting the ADR's continuing eligibility (see Section 3.C. above).

In addition to the University requirements, the carrier or a third party administrator may also separately require documentation of a Family Member's eligibility.

Notwithstanding any other provision in these GIRs, any individuals enrolled in a University-sponsored Plan can be disenrolled subject to the terms in these Regulations and in the FMEV documents (Section 1009).

## **PART III**

# **Employee Health and Welfare Benefits**

**Index and Format - PART III**

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## 1000. ALL PLANS

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### 1001. Definition

See Definition section of each plan.

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### 1002. Eligibility

A. **Employee**

1. **Initial Employment Requirements** – Appointment and payment by the University as an Eligible Employee as specified in Part II.1.A. and Administrative Supplement II-A.

For additional provisions related only to Life Insurance Plans and Flexible Spending Accounts, see Section 5002.A.1. for Life Insurance Plans and Section 9002.A. for Flexible Spending Accounts.

2. **Continuing Requirements** – The Continuing Requirements are set forth in Part II.1.A. and Administrative Supplement II-A of these regulations.

For additional provisions related only to Life Insurance Plans, see Section 5002.A.2.

B. **Family Members** – The Family Member eligibility requirements are set forth in Part II.1.C. of these Regulations.

For additional provisions related only to Flexible Spending Accounts, see Section 9002.B.

Family Members are not covered under Basic Life Insurance, Core Life Insurance, Senior Management Life Insurance, Supplemental Life Insurance, and Disability Insurance.

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### 1003. Period of Initial Eligibility (PIE)

- A. **Definition** – A PIE is a period during which an Eligible Employee may enroll him/herself and/or his/her eligible Family Members in University-sponsored benefits.

A PIE may also allow the Eligible Employee to change or cancel his/her enrollments.

The following plans' PIEs are limited or, in some cases, more generous – see applicable sections under:

- Core Life Insurance (Section 5003.A.)
- Basic Life Insurance (Section 5003.A.)
- AD&D Insurance (Section 6003.)
- Basic Disability Insurance (Section 7003.B.)
- Voluntary Short-Term Disability (Section 7003.B.)
- Voluntary Long-Term Disability (Section 7003.B.)

Other enrollment opportunities for some plans may apply, including OEP, enrollment with Evidence of Insurability, and enrollment with a 90-Day Waiting Period.

- B. **Length** – The PIE begins on the day the Employee and/or the Family Member first becomes eligible as described in Part II, or on a later date as described in Added Period of Initial Eligibility (Section 1003.D.), below.

If an Eligible Employee's appointment is retroactive, the PIE begins on the date the department chair or hiring authority signs a written statement that the appointment was approved retroactively.

The PIE ends 31 calendar days from the date it begins, except if the PIE is as a result of losing (Section 1003.D.7.c.) or gaining (Section 1003.D.14.) eligibility for Medicaid or CHIP Premium Assistance Program, in which case the PIE to enroll in Medical Plans coverage is 60 days.

Note that in determining the end of the PIE, the date the PIE starts should be counted as the first day. Example: Eligible Employee's hire date is March 1; PIE ends on March 31. When enrolling with paper forms, if the last day of a PIE falls on a weekend or holiday, the PIE is extended to the following business day.

- C. **Extensions for Illness/Accident** – Chief Human Resources Officers may grant an extension to Eligible Employees unable to enroll during their PIE due to illness or accident. The extension begins on the first day after the PIE ends. The extension ends 31 calendar days later as described in Length (Section 1003.B.). Extensions cannot be granted to Eligible Employees based on their failure to obtain information about their PIE.
- D. **Added Period of Initial Eligibility** – Under the following circumstances, there is an additional PIE. It begins as described in Part II. Employees and/or Family Members must remain eligible for coverage as described in Length (Section 1003.B.).
1. **Faculty** – Newly appointed Faculty members may have an additional PIE if they do not enroll during their first PIE. The second PIE begins on the first day of classes (see campus calendar for class schedule) for the quarter/semester in which the appointment starts or the first day of arrival at the campus, whichever occurs first.

2. **Nonimmigrant Aliens and Other Employees** whose eligible Family Member(s) arrive in the United States after the Eligible Employee's PIE have a new PIE to enroll them in Medical Plans, Dental Plan, Vision Plan, and Legal Plan only. The PIE begins the day the Family Member(s) arrive in the United States.
3. **Return from Leave Without Pay** – Eligible Employees who are enrolled and who choose not to continue coverage during approved leave without pay may have a new PIE beginning with the date of return to Pay Status in an eligible position. The PIE depends on when the Eligible Employee returns to work.
  - a. **Return from Leave Without Pay is Less than 120 Days and the Return is in the Same Plan Year** – the PIE is limited to enrolling in coverage for the Employee and Family Members that were in effect at the time of the leave. However, Eligible Employees may add Family Members who became eligible during the Leave Without Pay.
  - b. **Return from Leave Without Pay is Less than 120 Days and the Return is in a New Plan Year**
    - i. For non-Section 125 Plans, the PIE is limited to coverage in effect and Family Members listed (if still eligible) during this period. However, Eligible Employees may add Family Members who became eligible during the Leave Without Pay.
    - ii. For Section 125 Plans, the Employee is treated as a newly Eligible Employee.
  - c. **Return from Leave Without Pay is 120 Days or More** – Employees are treated as newly Eligible Employees.

For additional provisions related only to Flexible Spending Accounts, see Section 9003.A.1.

5. **Return from Temporary Layoff or Furlough** – Eligible Employees who do not continue coverage during a temporary layoff or furlough may have a new PIE beginning on the date of rehire in an eligible position.
  - a. **Return from Temporary Layoff or Furlough is Less than 120 Days and the Return is in the Same Plan Year** – The PIE is limited to enrolling in coverage for the Employee and Family Members that were in effect at the time of the leave. However, Eligible Employees may add Family Members who became eligible during the Leave Without Pay.
  - b. **Return from Temporary Layoff or Furlough is Less than 120 Days and the Return is in a New Plan Year**

- i. For non-Section 125 Plans, the PIE is limited to coverage in effect and Family Members listed (if still eligible) during this period. However, Eligible Employees may add Family Members who became eligible during the Leave Without Pay.
    - ii. For Section 125 Plans, the Employee is treated as a newly Eligible Employee.
  - c. **Return from Temporary Furlough or Temporary Layoff is 120 Days or More** – Employees are treated as newly Eligible Employees.
- 6. **At Point of Layoff** – See Section 2003.A.2. of Medical Plans for applicable provisions.
- 7. **Rehire** – Eligible Employees who are rehired may have a new PIE beginning on the date of rehire in an eligible position.
  - a. **Rehire is Less than 120 Days and the Return is in the Same Plan Year** – The PIE is limited to enrolling in coverage for the Employee and Family Members that were in effect at the time of termination. However, Eligible Employees may add Family Members who are newly-eligible at the time of rehire.
  - b. **Rehire is Less than 120 Days and the Return is in a New Plan Year**
    - i. For non-Section 125 Plans, the PIE is limited to coverage in effect and Family Members listed (if still eligible) during this period. However, Eligible Employees may add Family Members who are newly eligible at the time of rehire.
    - ii. For Section 125 Plans, the Employee is treated as a newly Eligible Employee.
  - c. **Rehire is 120 Days or More** – Employees are treated as newly Eligible Employees.
  - d. **Rehire Results in BELI Change** – If an employee is rehired and the new appointment results a change in benefits package/BELI, the Eligible Employee will have a PIE as a newly eligible employee.
- 8. **Involuntary Loss Of Coverage (ILOC)**
  - a. An Eligible Employee will have a new PIE if, during the time of the prior PIE, the Employee and/or eligible Family Member(s) was enrolled in another group or individual Plan and the Employee and/or eligible Family Member(s) loses coverage involuntarily for any of the reasons stated below:

- i. Eligibility for the coverage was lost or employer contributions for the coverage were terminated,
  - ii. The coverage was provided under COBRA and the entire COBRA coverage period was exhausted<sup>3</sup>, or
  - iii. The coverage was under Medicaid or CHIP and eligibility for the coverage was lost.
- b. Involuntary loss of eligibility for coverage includes, but may not be limited to: loss of eligibility as a result of legal separation, divorce or termination of domestic partnership, cessation of dependent status (such as attaining maximum age for dependent child status), death, termination of employment, or reduction in hours of employment. Involuntary loss of coverage does not include voluntary cancelation, loss due to the failure to pay premiums on a timely basis or for cause (such as making a fraudulent claim or intentionally misrepresenting a material fact in connection with the coverage provided).
- c. Specific only to an ILOC of health insurance, coverage that may be lost involuntarily includes, but may not be limited to: coverage under group plans, medical providers, individual direct pay plans, Medicare, and foreign socialized medical plans.
- d. An Employee eligible to enroll under these ILOC provisions may enroll him/herself and eligible Family Members. If already enrolled in a University-sponsored Plan, the Eligible Employee may add eligible Family Members to that plan or enroll him/herself and eligible Family Members in a different University-sponsored Plan. The enrollment form must be accompanied by the appropriate form certifying loss of the other group or individual coverage and, if necessary, forms to cancel any opt-out election.
- e. The PIE begins on the date following the date the other group or individual coverage ends. Example: Other group or individual coverage ends on March 31; the PIE begins on April 1.

The provisions for Life Insurance and Flexible Spending Accounts differ from the requirements stated here. See Section.5003.A.1. for applicable Life Insurance provisions and Section 9003.A.3. for applicable Flexible Spending Accounts' provisions.

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<sup>3</sup> Exhaustion of COBRA coverage means that an individual's COBRA coverage ceases for any reason other than the failure to pay premiums on a timely basis or for cause (such as making a fraudulent claim or intentionally misrepresenting a material fact in connection with the coverage provided). Voluntary termination of COBRA coverage is not considered exhaustion of such coverage.

This section does not apply to Disability Insurance.

9. **Loss of UC Coverage While on Leave** – An Eligible Employee is given a PIE to add an eligible Family Member who loses his/her UC-sponsored coverage due to the Family Member taking an approved leave of absence.
  
10. **Appointment Change** –
  - a. For Appointment changes from an ineligible position to an eligible position (BELI 5 to BELI 1, 2, 3, or 4), an Eligible Employee and eligible Family Member will have a PIE to enroll in and/or change plans/coverage as though s/he is a new Employee.
  
  - b. For appointment changes that result in increased eligibility (such as an appointment change from BELI 2 or 3 to BELI 1 or an appointment change from BELI 4 to BELI 1, 2, or 3), an Eligible Employee and eligible Family Member will have a PIE to enroll in and/or change plans/coverage as though s/he is a new Employee.
  
  - c. For appointment changes that result in decreased eligibility (such as an appointment change from BELI 1 to BELI 4 or an appointment change from BELI 2 or 3 to BELI 4), the Employee will have a PIE to enroll in plans that are available to him/her under the new BELI.
    - i. Employees will be allowed to continue coverage through COBRA (Section 1010.) or Conversion/Portability (Section 1011.) for plans if coverage is unavailable under the new BELI.
      1. Example: Employee goes from BELI 1 to BELI 4 will be offered COBRA for Dental Plan and Vision Plan, and will be allowed to convert Life Insurance.
  
    - ii. Employees will not be allowed to continue coverage through COBRA or Conversion/Portability if coverage is offered under the new BELI.
      1. Example: Employee goes from BELI 1 to 3, will not be offered COBRA for Medical Plans because medical coverage is still available to the Employee as a BELI 3.
  
  - d. If an employee is rehired and the new appointment results a change in benefits package/BELI without a break in service, the Eligible Employee will have a PIE as a newly Eligible Employee to enroll in and/or change plans/coverage.
  
11. **Return After a Period of Ineligibility** – An Employee who loses eligibility for coverage, thus requiring disenrollment from coverage, and



subsequently returns to eligibility in the circumstances below by satisfying the employment requirements described in Part II.1.A. and Administrative Supplement II-A will have a new PIE as follows:

- a. **Change in Appointment** – If an Employee's appointment is changed from a position listed in the ineligible group as described in Part II.1.b. to a position eligible for benefits, the PIE begins with the effective date of the reappointment.
- b. **Change in Average Weekly Hours of Service During SMP or IMP** – If coverage is terminated as the result of an IMP or SMP and the Employee subsequently meets or exceeds the Average Weekly Hours of Service for his/her group during the next measurement period without a change in appointment, the PIE begins on the first day of the applicable Stability Period.
- c. **Change in Earnings** – If coverage lapsed due to insufficient earnings and there has been no Break in Service, the PIE begins with the date of return to Pay Status of sufficient earnings in an eligible position.
  - i. If the coverage lapse is Less than 120 Days and the Return is in the Same Plan Year – the PIE is limited to enrolling in coverage for the Employee and Family Members that were in effect at the time of the insufficient earnings period. However, Eligible Employees may add Family Members who became eligible during the insufficient earnings period.
  - ii. If the coverage lapse is Less than 120 Days and the Return is in a New Plan Year –
    - a. For non-Section 125 Plans, the PIE is limited to coverage in effect and Family Members listed (if still eligible) during the insufficient earnings period. However, Eligible Employees may add Family Members who became eligible during the insufficient earnings period.
    - b. For Section 125 Plans, the Employee is treated as a newly Eligible Employee.
  - iii. **If the coverage Lapse is 120 Days or More** – Employees are treated as newly Eligible Employees.

The provisions for Flexible Spending Account are the same for a. and b. above, but differ from c. above. See Section 9003.A.4. for applicable provisions.

12. **Move Out of/Return to Medical and/or Dental HMO Plan Service Area**  
- This provision is applicable only to Medical Plans and Dental Plans. See

Section 2003.A.4 for Medical Plans, and Section 3003.A.2. for Dental Plans.

13. **Disruption of Primary Medical Group** – This provision is applicable only to Medical Plans Section 2003.A.4.
14. **Disruption of Behavioral Health Provider** – This provision is applicable only to Medical Plans, Section 2003.A.5.
15. **Acquisition of Eligible Family Member** – Upon the acquisition of a newly eligible Family Member, an Eligible Employee may enroll him/herself, the newly eligible Family Member and any other eligible Family Members in a plan. The Eligible Employee may also increase coverage for Supplemental Life Insurance and AD&D Insurance.

If already enrolled in a plan, the Eligible Employee may add the newly eligible Family Member, and any other eligible Family Members not already enrolled, to that plan or enroll him/herself and all eligible Family Members in a different Plan.

The PIE begins with the date the Family Member first meets the eligibility requirements described in Part II.1.C.

If a legally adopted child is not enrolled during the PIE beginning with the date physical custody starts or the date the Eligible Employee or Eligible Employee's spouse/domestic partner has the legal right to control the child's health care, there is a second PIE beginning with the date the adoption is final.

The provisions for Life Insurance (Dependent Life) and Flexible Spending Accounts differ from the requirements stated here. See Section 5003.A.2 and Section 5003.A.3. for applicable provisions related to Life Insurance, and Section 9003.A.5. and Section 9003.A.5. and Section 9003.A.7. for applicable provisions related to Flexible Spending Accounts.

This provision does not apply to Voluntary Short-Term Disability or Voluntary Long-Term Disability and there are limitations to this provision for Dependent Life Insurance if the Family Member is also an Eligible Employee; see Section 5004.F.

16. **Eligibility for Medicaid or CHIP Premium Assistance Program** – If an Eligible Employee and/or his/her eligible Family Member(s) who are not enrolled in a health plan become eligible for premium assistance under a Medicaid or CHIP premium assistance program, the Eligible Employee may enroll him/herself and/or eligible Family Members in any medical plan but the PIE is 60 days.
17. **Transfer In or Out of a Senior Management Appointment** – This provision is applicable only to Life Insurance. See Section 5003.A.5. for details.

18. **Judgment, Decree or Order** – This provision is applicable only to Medical Plans. See Section 2003.A.6. for details.
19. **Significant Change in Cost or Coverage** – Applies to the DepCare Flexible Spending Account Plan, and only if the cost change is imposed by a dependent care provider who is not a relative of the Employee. See Section 9003.A.10. for details.
20. **Change in Family/Employee Status**
- a. **Section 125 Plans** – An Eligible Employee may make an election change to a Section 125 Plan (Medical Plans, Dental Plan, Vision Plan, and Health Flexible Spending Account) only if that change is on account of and corresponds with a change in status that affects coverage under the plan, and any change(s) made can be made only for the individual(s) whose coverage is affected. The PIE begins on the date of the event. Following are applicable change in status events:
1. Change in marital status or status as domestic partner;
  2. Change in number of Family Members who are children;
  3. Death of a Family Member;
  4. Change in employment status of Employee or Employee's Family Member, which may include a change that has an effect on expenses under IRC Section 129;
  5. Child becomes, or ceases to be, an eligible Family Member.
- b. **Non-Section 125 Plans** – An Eligible Employee may make an election change to non-Section 125 Plans under certain circumstances. If allowed, the PIE begins on the date of the event:
1. Addition of Family Members.
  2. Loss of Family Members does not allow for a PIE to add coverage for the Eligible Employee and/or remaining Family Members.

For additional provisions applicable only to Flexible Spending Accounts, see Sections 9003.A.5., 9003.A.6., 9003.A.7., 9003.A.8., and 9003.A.9. for detail.

21. **Change Event Under Code Section 125** – An Eligible Employee and/or his/her eligible Family Member will have a new PIE if the Employee and/or Family Member experiences an event that would permit enrollment in, or change in coverage under medical, dental, vision, and Flexible Spending Accounts consistent with applicable provisions of the Section

125 Plan and Section 125 of the Internal Revenue Code (except with respect to an employee who terminates employment due to retirement), which event is not otherwise covered by Added Period of Initial Eligibility (Sections 1003.D.1. – 1003.D.18).

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## 1004. Enrollment

Clerical error, by itself, will not be the basis for including or excluding individuals.

- A. **Automatic Enrollment** – Enrollment is automatic for Basic Life Insurance, Senior Management Life Insurance, and Basic Disability Insurance.
- B. **Enrolling In Coverage** – Eligible Employees may enroll themselves and/or eligible Family Members in Medical Plans, Dental Plan, Vision Plan, and Legal Plan as follows:
1. During a PIE as described in Section 1003. Once the Enrollment Transaction is processed, changes cannot be made until:
    - a. There is a new PIE (Section 1003.); or
    - b. There is an OEP (Section 1004.B.2.); or
    - c. Application is made under the process described in the 90-Day Waiting Period (Section 1004.B.3).
  2. **Open Enrollment Period** – During the annual OEP announced by the Plan Administrator, Office of the President. An OEP may allow Eligible Employees to enroll for the first time, add eligible Family Members, or reenroll. It also may allow Eligible Employees to transfer between plans or cancel an opt-out election.
  3. **90-Day Waiting Period**
    - a. In the following situations, an Eligible Employee may enroll himself/herself and/or eligible Family Members in Medical Plans, subject to a 90-Day Waiting Period before coverage begins. The 90-Day Waiting Period begins on the date the enrollment form is received by the local Benefits or Accounting Office and ends 90 consecutive calendar days from the date it begins.
      - i. An Eligible Employee is not enrolled in Medical Plans because a PIE or OEP was missed and the Eligible Employee has not submitted a form to opt out.
      - ii. An Eligible Employee opted-out of coverage in Medical Plans and subsequently missed a PIE or OEP opportunity to enroll or re-enroll.

- iii. An Eligible Employee is enrolled in non-family coverage and missed a PIE or an OEP to add an eligible Family Member.
  - b. There is no provision for late enrollment with a 90-Day Waiting Period for Dental Plan, Vision Plan, Life Insurance, AD&D Insurance, Disability Insurance, Legal Plan, and Flexible Spending Accounts.
- 4. At any time, an enrolled Employee whose child(ren) are also enrolled under the plan may add additional children with coverage effective as described in Section 1005, provided that the addition of such child(ren) does not change the cost to the Eligible Employee for plan coverage.

The Enrolling in Coverage provisions for Life Insurance, AD&D Insurance, Disability Insurance, and Flexible Spending Accounts differ from the requirements stated here. See Section 5004.B. for applicable provisions related to Life Insurance, Section 6004.A. for applicable provisions related to AD&D Insurance, Section 7004.B. for applicable provisions related to Disability Insurance, and Section 9004.A. for applicable provisions related to Flexible Spending Accounts.

### **C. Re-Enrollment in Plans**

- 1. If an employee does not continue benefits due to Leaves, Furlough/Temporary Layoff, or Period of Ineligibility, coverage does not resume until s/he returns to Pay Status as Eligible Employees (Part II-A and Administrative Supplement II-A.). Re-enrollment depends on when the Eligible Employee returns to work.
- 2. Eligible Employees who are Rehired are subject to the re-enrollment provisions described in in Section 1004.G.3 below.
- 3. Eligible Employees who do not continue benefits or are rehired are re-enrolled subject to the timeframes listed below:
  - a. **Leave, Furlough or Temporary Layoff, Return from Period of Ineligibility, or Rehire is Less than 120 Days and the Return is in the Same Plan Year** – Re-enrollment is limited to coverage in effect and Family Members listed (if still eligible) at the time of furlough or layoff. However, Eligible Employees may add Family Members who became eligible during this period. A Statement of Health is not required to re-enroll in the plan.
  - b. **Leave, Furlough or Temporary Layoff, Return from Period of Ineligibility, or Rehire is Less than 120 Days and the Return is in a New Plan Year**
    - i. For non-Section 125 Plans, re-enrollment is limited to coverage in effect and Family Members listed (if still eligible) during this period. However, Eligible Employees

may add Family Members who became eligible during this period. A Statement of Health is not required to re-enroll in the plan.

- ii. For Section 125 Plans, the Employee is treated as a newly Eligible Employee.
- c. **Leave, Furlough or Temporary Layoff, Return from Period of Ineligibility, or Rehire is 120 Days or More** – Employees are treated as newly Eligible Employees.
- 4. For additional provisions applicable only to Life Insurance and Disability Insurance, see Sections 5004.C. for Life Insurance and Section 7004.C. for Disability Insurance.
- 5. The provisions for Flexible Spending Accounts differ from the provisions stated here. See Section 9004.B. for applicable provisions.
- D. **Reducing Coverage** – This provision is applicable only to Life Insurance and Disability Insurance. See Section 5004.D. of Life Insurance and Section 7004.D. of Disability Insurance for applicable provisions.
- E. **Movement Between Life Insurance Programs** – This provision is applicable only to Life Insurance. See Section 5004.E. for applicable provisions.
- F. **Enrollment in Duplicate University-Sponsored Coverage** is not allowed. For purposes of this section, University-sponsored coverage includes benefits provided under the Postdoctoral Scholar Benefit Program. It does not include any plans for which Family Members are not eligible for coverage.
  - 1. If both spouses or domestic partner are eligible to enroll in a plan, including enrollment as an Employee and/or a Retired Member:
    - a. Each may enroll separately, or
    - b. One may enroll and cover the other as a Family Member. If the one to be covered as a Family Member is an Eligible Employee or Annuitant, that person must submit the appropriate form to opt-out of coverage as an Employee, or suspend coverage as an Annuitant.

If they enroll separately,

    - a. Neither may cover the other as a Family Member, and
    - b. Their eligible Family Members may be covered on one plan, but not on both.
  - 2. Children who are eligible to be covered as Family Members and who also are Eligible Employees may:

- a. Enroll separately, or
  - b. Be covered by one parent's plan as a Family Member, but not on both parents' plans. The child who is also an Eligible Employee must submit the appropriate form to opt-out of coverage as an Employee.
3. Where duplicate coverage occurred in error, benefits will be paid under the plan with the earliest effective date. Specific to Medical Plans, benefits will be paid under the plan with the earliest effective date, unless the plan with the earliest effective date is Core Medical.

For additional detail on duplicate coverage specific to Life Insurance, see Section 5004.F.

These provisions do not apply to Flexible Spending Accounts. However, the IRS limits the total amount of the salary reduction agreement per family even if both the Eligible Employee and spouse are University Employees, or if a non-UC spouse is also enrolled in a dependent care flexible spending account plan through another employer.

#### **G. Opting Out of Enrollment**

##### **1. Opting Out of Automatic Enrollment**

- a. Eligible Employees may not opt out of automatic Basic Life Insurance, Core Life Insurance, or Basic Disability Insurance.
- b. Eligible Employees may opt out of automatic Senior Management Life Insurance.

**2. Opting Out of Enrollment** – Instructions on opting out of medical, dental, vision, life, disability insurance, AD&D, and legal plans are found in the plan specific sections.

**3. Opting Out of Coverage for Family Members** – Eligible Employees may choose not to enroll eligible Family Members in University-sponsored coverage.

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## 1005. Effective Date

Coverage begins on the date listed below provided the Employee is on Pay Status as an Eligible Employee. Coverage cannot begin for the Eligible Employee and/or eligible Family Member before the first day of eligibility for the plan and requires that the appropriate Enrollment Transaction is processed during the PIE. The effective date of any coverage is subject to the exceptions in the plan specific sections.

See Section 5005. for additional Life Insurance information.

See Section 6005. for additional AD&D information.

See Section 7005. for additional Disability Insurance information.

A. **Period of Initial Eligibility**

1. Subject to the following exceptions, if the appropriate enrollment transaction is processed during the PIE, coverage is effective the date the PIE began.
2. Exceptions
  - a. **Transfer Between Plans** – If an Eligible Employee who is already enrolled in coverage has a PIE and chooses to change medical or dental plans, the effective date for the new medical plan is the first of the month following the month in which the PIE begins.
    - i. This provision does not apply for an Eligible Employee who changes medical or dental plans due to leaving the HMO service area. The Effective Date of coverage is the date the employee leaves the HMO's service area.
  - b. **750/1000 Hour Rule** – If an Eligible Employee meets the 750/1000 Hour Rule, the effective date is the first of the month following the month in which the employee reaches 750/1000 hours.

The provisions for Flexible Spending Accounts differ from the requirements stated here. See Section 9005.A. for applicable provisions.

- B. **Open Enrollment Period** – If the appropriate enrollment transaction is processed during the OEP, coverage is effective on the date announced by the Plan Administrator, Office of the President. In this case, the requirement that an Eligible Employee must be on Pay Status does not apply; employees who are on unpaid leave may make an OEP election. For those who have continued their coverage during unpaid leave, the OEP election is effective on the date announced. For those who have not continued their coverage, the OEP election is effective upon return to pay status (see plan specific Exceptions provisions in the Effective Date section).

The provisions for Flexible Spending Accounts differ from the requirements stated here. See Section 9005.B. for applicable provisions.

This provision does not apply to Basic Life Insurance, Core Life Insurance, Senior Management Life Insurance, AD&D Insurance, and Basic Disability Insurance.

- C. **Deferred Effective Date** – Eligible Employees may defer the normal effective date of coverage for up to six months for themselves and/or any Family Member being enrolled by submitting a written request specifying the deferred effective



date. The request must be submitted during a PIE. A request for a deferred effective date may not be revoked.

For additional provisions related to Supplemental Life Insurance and Dependent Life Insurance, see Sections 5005.B.

This provision does not apply to Basic Life Insurance, Core Life Insurance, Senior Management Life Insurance, AD&D Insurance, Basic Disability, or Flexible Spending Accounts.

- D. **90-day Waiting Period** – Medical Plans only – See Section 2005.A. for applicable provisions.
- E. **Disruption of Primary Medical Group or Disruption of Behavioral Health Provider** – Medical Plans only – See Section 2005.B. for applicable provisions.
- F. **Evidence of Insurability** – For Senior Management Life Insurance, Supplemental Life Insurance, Dependent Life Insurance, Voluntary Short-Term Disability, and Voluntary Long-Term Disability only – Provided the carrier approves the application, if the appropriate enrollment transaction is processed within 31 days of the carrier’s approval of the Evidence of Insurability application, coverage is effective the date of the approval. The carrier will not accept enrollments processed more than 31 days after approval of the Evidence of Insurability application.
- G. **Exceptions** – See plan specific sections for exceptions due to Leave for Health Reasons, Leave at the Beginning of an Appointment, and Hospitalized Family Members. All plans have various exceptions and are unique to each plan.

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## 1006. University Contribution

The University may contribute towards any plan premium. The Plan Administrator sets the amount of the contribution. The amount may increase or decrease at any time. The Eligible Employee is responsible for any Net Premium amount.

When more than one Family Member is an eligible Employee and each enrolls separately, each receives a contribution. If Family Members who are eligible Employees are enrolled under a single plan, one contribution is made. An individual who is eligible in more than one category (e.g., as an Eligible Employee and a Family Member; as an Eligible Employee and an Annuitant, etc.) may receive only one contribution for coverage. (Also see Enrollment in Duplicate University-Sponsored Coverage (Section 1004.F.).)

The University contribution toward Medical Plans, Dental Plan, and Vision Plan may continue during an approved leave without pay under the provisions of the Federal Family and Medical Leave Act (FMLA), the Uniformed Services Employment and Reemployment Rights Act (USERRA), California Family Rights Act (CFRA), California Pregnancy Disability Leave Act (PDL), and any other applicable state and/or Federal laws and regulations for the Eligible Employee and any enrolled Family Members,

provided the Eligible Employee was enrolled in a Plan at the beginning of the leave. See Duration of Coverage (Section 1009.) for other actions which may affect the University contribution.

The University contribution toward Medical Plans, Dental Plan, Vision Plan, and Life Insurance may continue for all Eligible Employees who are members of the National Guard, the Armed Forces, the commissioned corps of Public Health Service, or any other category designated by the President, and have enlisted or have been called to active military duty in the Overseas Contingent Operations campaign (formerly the War on Terror campaign) or any successor military mobilization campaign. If the Eligible Employee remains on military leave under the above provisions, contributions end on June 30, 2018 or upon the separation date of an Eligible Employee's University appointment, whichever comes first.

The University complies with Federal and State income tax rules in administering its group insurance programs for Eligible Employees and their eligible Family Members, which includes requirements for the treatment of the University/Employer contribution for insurance coverage. Requirements may include laws mandating that the Employer contribution for coverage provided to Eligible Employees and certain Family Members be treated as imputed income to the Eligible Employee.

Eligible Employees who are on an unpaid leave of absence may not utilize vacation leave or sick leave on an intermittent basis for the purposes of continuing employer-paid contributions towards benefits.

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## 1007. Premiums

### A. Payment

1. Premiums for Medical Plans, Dental Plan, Vision Plan, Legal insurance, Life Insurance, and AD&D Insurance, are paid in advance. Premiums for Disability Insurance are paid in arrears. Premiums are paid for a full month, even if coverage stops before the end of the period. Eligible Employee contributions are made through payroll deduction or direct pay.
2. Eligible Employee contributions for participation in Flexible Spending Accounts are paid through payroll deduction in advance of the month of coverage. Contributions are credited to Eligible Employees' individual Flexible Spending Accounts.
3. There is no charge for the first full or partial month's coverage as a result of an Employee's initial PIE or for the first full or partial month's premium difference, if any, when a Family Member is first added to the plan.
4. If, as the result of an additional PIE, an Eligible Employee, who is already enrolled in a Medical or Dental Plan, changes plans mid-month, the Eligible Employee is charged the full month of coverage from their previous plan, and is not charged for the new plan until the Employee's first full month of coverage.

5. There is no charge for the first full or the first partial month's premium difference when an Eligible Employee increases Life Insurance, AD&D Insurance, and Disability Insurance coverage.  
  
See Life Insurance (Section 5007.A.) for additional provisions.
6. There is no charge for the first full or partial month's premium when an Eligible Employee reenrolls during an Added PIE (Section 1003.D.) provided there has been a lapse in coverage of more than one month.
7. Premiums will not be refunded retroactively if the Eligible Employee fails to file a form to cancel coverage or delete a Family Member. Eligible Employees are responsible for verifying cancellations on their paycheck.
8. When a plan is cancelled or coverage is reduced, a Family Member is deleted, there is a change in coverage, or a transfer between Plans is made, any premium adjustment is made on the effective date of the change if it falls on the first of the month. If the event occurs at any other time, the premium adjustment is made on the next following first of the month.

For additional provisions affecting only Disability Insurance, see Section 7007.A.

- B. **Rate Changes** may be made when the contract is renewed or when required by contract amendments, or other applicable agreements, or when the Eligible Employee makes changes in coverage.

See Life Insurance (Section 5007.B.) and Disability Insurance (Section 7007.B.) for additional provisions.

The provisions for Flexible Spending Accounts differ from the requirements stated here. See Section 9007.B. for applicable provisions.

- C. **Recovery of Premiums**

1. **FMLA Leave** – If an Eligible Employee does not return to work at the conclusion of their family medical leave, the Employee may be liable for repayment of plan premiums paid by UC during any unpaid portion of the leave. UC may recover its share of plan premiums to the extent permitted by law from unpaid wages or vacation pay (if any), or other pay due the Eligible Employee, or by initiating legal action. An Eligible Employee will be considered to have returned to work if they work for at least 30 calendar days beginning with their scheduled return date. The Eligible Employee will not be liable for the premiums, however, if their failure to return to work is due to continuation of their own serious health condition or other reasons beyond their control.
2. **Owed Premiums** – If an Eligible Employee leaves the University while owing premiums, and then later returns to the University within 12 months, UC may recover past due premiums.

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## 1008. Duration of Coverage

The following situations describe the duration of coverage for an Eligible Employee. Different rules may apply, depending on the Eligible Employee's circumstance.

- A. **Beginning Benefits Eligibility (BBE) Period** – Coverage is provided throughout the duration of the BBE. The BBE timeframe begins on the employee's date of hire, and lasts until the employee has completed a full SMP. Coverage continues regardless of the number of hours worked during the BBE as long as employee is on Pay Status, subject to the following exceptions:
1. **Termination of Coverage** – coverage ends due to any of the events specified in Section 1009.
  2. **Approved Leave and Special Leaves** – coverage ends due to any of the events specified in Section 1008.C. – 1008.D. The BBE and Stability Period duration of coverage timeframes are disregarded and are superseded by the timeframes listed in the appropriate Approved Leave or Special Leave described in Section 1008.C. – 1008.D.
- B. **Stability Period** – Coverage is provided throughout the duration of the Stability Period. The Initial Stability Period for an employee who has been measured based on an IMP begins 30 days after the employee's one year anniversary of hire and lasts for 12 months. The Stability Period for an employee who has been measured based on a SMP is January 1 – December 31. Coverage continues regardless of the number of hours worked during the Stability Period as long as employee is on Pay Status, subject to the following exceptions:
1. **Termination of Coverage** – coverage ends due to any of the events specified in Section 1009.
  2. **Approved Leave and Special Leaves** – coverage ends due to any of the events specified in Section 1008.C. – 1008.D. The BBE and Stability Period duration of coverage timeframes are disregarded and are superseded by the timeframes listed in the appropriate Approved Leave or Special Leave described in Section 1008.C. – 1008.D.
- C. **Approved Leave With or Without Pay** – To continue coverage, Eligible Employee must meet the requirements set forth below. If an Eligible Employee does not continue coverage during an Approved Leave With or Without Pay, the Eligible Employee will not have to submit Evidence of Insurability to re-enroll in plans when s/he returns from leave.
1. **Prior Arrangements** – Coverage is continued if the Eligible Employee arranges for continuation of benefits. Eligible Employees who fail to make prior arrangements or pay premiums during an Approved Leave will have their coverage terminated, as described in Sections 1009.B.1.

2. **Direct Payment of Premiums** – Eligible employees are responsible for payment of premiums (in advance) while on leave. Payment is due in advance of each premium month. If payment is more than 30 days late, the Eligible Employee must be given at least 15 days' notice before cancelling coverage.
- a. For Eligible Employees who take a Leave With Pay, coverage continues if Net Premiums can be collected from an employee's paycheck. For Eligible Employees whose Net Premiums cannot be collected from an employee's paycheck, the Eligible Employee must arrange for direct payment of Premiums through the local Benefits or Accounting Office. See Administrative Supplement II-C for additional detail.
  - b. For Eligible Employees who take a Leave Without Pay, coverage continues if the Eligible Employee makes arrangements to direct pay Gross Premiums through the local Benefits or Accounting Office. An Eligible Employee who takes an approved unpaid leave under the provisions of FMLA or CFRA must arrange continuation and direct payment of any Net Premiums through the local Benefits or Accounting Office. See Administrative Supplement II-C for additional detail.
3. **Timeline** – Eligible Employees who take an Approved Leave With or Without Pay may continue coverage subject to the timelines listed below. Eligible Employees who will continue on paid or unpaid leave beyond two years must complete a form to cancel coverage to be effective the first day of the 25<sup>th</sup> month of the leave.
- a. Coverage ends after the fourth month for the following plans with the Eligible Employee is on an approved leave without pay:
    - Senior Management Life Insurance
    - Basic Life Insurance
    - Core Life Insurance
  - b. Coverage ends after 2 years for the following plans for Eligible Employees on an approved leave with pay:
    - Medical Plans
    - Dental Plan
    - Vision Plan
    - Life Insurance
    - AD&D Insurance
    - Legal Plan
  - c. If an Eligible Employee takes a combined Leave Without Pay and a Leave With Pay, coverage may be continued for a combined maximum of 2 years.

- d. For additional provisions related to Life Insurance, see Section 5008.A.1.

The provisions for Disability Insurance and Flexible Spending Accounts differ from the requirements stated here. See Section 7008.A. of Disability Insurance and Section 9008.A. of Flexible Spending Accounts for detail.

- D. **Special Leaves** – Eligible Employee who take any of the following leaves are subject to the provisions listed below:

1. **Military Leave** – During the first 30 days of a Military Leave, the Eligible Employee remains on pay status and benefits continue. Coverage continues for all plans for Eligible Employees and/or eligible Family Members during an approved leave without pay under the Uniformed Services Employment and Reemployment Rights Act (USERRA), provided the Eligible Employee was enrolled in a plan at the beginning of the leave. See plan specific sections on the duration of coverage.

Eligible Employees who, as members of the National Guard, the Armed Forces, the commissioned corps of the Public Health Service, or any other category designated by the President, have enlisted or have been called to active military duty in the Overseas Contingency Operations campaign (formerly the War on Terror campaign) or any successor military mobilization campaign are eligible for supplements to their military pay. Eligible Employees receiving supplements to their military pay will be considered on pay status. See plan specific sections on the duration of coverage for each plan. For additional information, See University of California Policy – Supplement to Military Pay.

Some plans allow for continuation of coverage during the unpaid portion of Military Leave. If the Eligible Employee continues coverage, the Eligible Employee must arrange for continuation and direct payment of Gross Premiums through the local Benefits or Accounting Office. These arrangements must be made in advance. Payment must be made in advance of each premium month.

The following plans allow for continuation of coverage during unpaid Military Leave:

- i. Medical Plans
- ii. Dental Plans
- iii. Vision Plans
- iv. Life Insurance
- v. AD&D
- vi. Legal Plan

2. **While Receiving Basic Disability or Voluntary Short-term Disability Benefits** – See Section 2008.A.2. for details related to Medical Plans.

3. **While Receiving Temporary Disability Payments Under Workers' Compensation** – See Section 2008.A.3. for details related to Medical Plans.

4. **Sabbatical Leave/Qualified Leave for Professional Renewal** – Coverage may be continued for up to two years as long as earnings cover required deductions. If earnings do not cover required deductions, the Eligible Employee may direct pay premiums in order to continue coverage.

Eligible Employees who will continue on paid leave beyond two years must complete a cancellation or opt-out form to be effective the first day of the 25<sup>th</sup> month of the leave.

For additional provisions affecting only Life Insurance, see Section 5008.B.2.

The provisions for Sabbatical Leave/Qualified Leave for Professional Renewal for Basic Disability Insurance are as described in this section. However, the provisions for Sabbatical Leave/Qualified Leave for Professional Renewal for Voluntary Short-Term and Voluntary Long-Term Disability Insurance differ from the requirements stated here. See Section 7008.B.2. for applicable provisions.

The provisions for Flexible Spending Accounts differ from the requirements stated here. See Section 9008.C. for applicable provisions.

5. **Temporary Layoff** – Coverage may continue during the Temporary Layoff up to four months. The University contribution continues for up to three months in a calendar year. The Eligible Employee must arrange continuation and direct payment of any Premiums due through the local Benefits or Accounting Office. These arrangements must be made in advance, and payment must be made in advance of each premium month. The three-month period begins after the last University paycheck with a Plan contribution. Eligibility will not continue past the fourth month after the Temporary Layoff. For additional provisions applicable to Life Insurance, see Section 5008.D.

The provisions for Disability Insurance and Flexible Spending Accounts differ from the requirements stated here. See Sections 7008.B.3 and 9008.D. for applicable provisions.

6. **Furlough** – Coverage may continue during the Temporary Layoff up to four months. The University contribution continues for up to three months in a calendar year. The Eligible Employee must arrange continuation and direct payment of any Premiums due through the local Benefits or Accounting Office. These arrangements must be made in advance, and payment must be made in advance of each premium month. The three-month period begins after the last University paycheck with a Plan contribution. Eligibility will not continue past the fourth month after the furlough.

For additional provisions applicable to Life Insurance, see Section 5008.B.3.

The provisions for Flexible Spending Accounts differ from the requirements stated here. See Section 9008.D. for applicable provisions.

7. **Pending Disability from a University-Sponsored Defined Benefit Plan** – If the following circumstances apply, the Eligible Employee may arrange direct payment of Gross Premiums for Medical Plans, Dental Plan, Vision Plan, AD&D Insurance, and Legal Plan through the appropriate unit in the Retirement Administration Service Center:

- a. The Eligible Employee has applied for disability income from a University-sponsored defined benefit plan and the application is in process, and
- b. The Eligible Employee is either on leave without pay or has been terminated from University employment.

Payment must be made in advance of each premium month. The Eligible Employee must arrange direct payment of Gross Premiums through the appropriate unit in the Retirement Administration Service Center.

The provisions for Supplemental Life Insurance differ from the requirements stated here. See Section 5008.B.3. for applicable provisions.

8. **Pending Approval for Waiver of Premium Due to Disability** – See Section 5008.B. for details related to Life Insurance.

9. **Extended Sick Leave Recipient** – An Employee on extended sick leave (80% of regular pay) for a work-related disability covered by Workers' Compensation may continue benefits up to the six-month maximum period for extended sick leave.

10. **Legal Plan Only – Indefinite Layoff** – See Section 8008.A.2. for details related to Legal Plan.

11. **Flexible Spending Account Only – Insufficient Earnings** – See Section 9008.E. for details related to Flexible Spending Account.

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## 1009. Termination of Coverage

Clerical error, by itself, is not a basis for extension of coverage past the date it would otherwise end.



See Added Period of Eligibility (Sections 1003.D.), COBRA (Section 1010.), and Conversion and Portability (Section 1011.) for options for continued coverage that may apply.

A. **Employee-Initiated Disenrollment**

1. If Premiums are paid pre-tax, coverage may not be cancelled unless a status change occurs. If Premiums are paid after tax, coverage may be cancelled at any time, and coverage ends on the last day of the month in which a form to cancel/opt out of coverage or delete a Family Member is received in the local Benefits or Accounting Office.
2. Eligible Employees may disenroll themselves and/or Family Members from Medical Plans, Dental Plan and Vision Plan only during the following events:
  - a. A new PIE (Section 1003.), or
  - b. An OEP (Section 1004.B.2.).
3. An Eligible Employee may disenroll themselves and/or eligible Family Members from the following Plans at any time:
  - Senior Management Life Insurance
  - Dependent Life Insurance
  - Supplemental Life Insurance
  - AD&D Insurance
  - Voluntary Short-Term Disability
  - Voluntary Long-Term Disability
  - Legal Plan
4. Eligible Employees may not disenroll from Basic Life Insurance, Core Life Insurance, and/or Basic Disability Insurance.

When cancelling and/or reducing the amount of coverage, the Eligible Employee must submit a cancellation or change form. Coverage is reduced or ended on the last day of the month in which the form to cancel/reduce coverage is received in the local Benefits or Accounting Office, subject to payroll deadlines.

See Life Insurance (Section 5009.A.) and Disability Insurance (Section 7009.A.) for additional provisions.

The provisions for Flexible Spending Accounts differ from the requirements stated here. See Section 9009.B. for applicable provisions related to Flexible Spending Accounts.

B. **Falling Below Average Weekly Hours of Service Threshold After Measurement (SMP)**

1. Coverage terminates for employees who, after being measured during an SMP, fall below the required Average Weekly Hours of Service threshold for their group. The threshold for Group A is 17.5 Average Weekly Hours of Service, and for Group B is 30 Average Weekly Hours of Service. For the SMP, coverage is terminated on December 31.
2. Exceptions – Employees who fall below the Average Weekly Hours of Service threshold for their group will not have their benefits terminated if the following circumstances apply:
  - a. Extended Sick Leave Recipient
  - b. Transitional Work (Formally Approved) – Campus and laboratory officials may approve continuation of benefits during a period of approved transitional (either stay at work or return to work) employment. In this context, transitional work refers to an Employee who is working part-time at the University (or has a reduced schedule) as part of an approved accommodation and whose time worked is such that benefits might otherwise be lost due to the transitional work period. To avoid loss of benefits, the status qualification code is appropriate.

C. **During an Approved Leave or Special Leave**

1. **Failure to Make Arrangements** – Coverage terminates if the Eligible Employee fails to make arrangements to continue coverage prior to taking a leave. Coverage is terminated at the end of the month in which the leave begins.
2. **Failure to Pay Premiums** – Refer to Administrative Supplement II-C for procedures relating to payment of premiums while on leave.
3. **Exhaustion of Timeline** – Coverage terminates once the timeframes listed in Section 1008.C.3. have been exhausted. For plans that allow for continuation of benefits for up to two years, employees must complete a cancellation form to be effective the first day of the 25<sup>th</sup> month of leave.

The provisions for Flexible Spending Accounts differ from the requirements stated here. See Section 9009.A. for detail.

- D. **During an Unapproved Leave** – Coverage terminates when an Eligible Employee is not on Pay Status and does not have an approved leave of absence. Coverage ends at the end of the month in which an approved leave or pay status existed. Employees do not qualify for continued coverage during unapproved leave and may not pay premiums directly to the local Benefits or Payroll Office to continue coverage. A strike is considered to be a type of unapproved Leave.
- E. **Termination of Employment or Senior Management Appointment** – Coverage ends on the last day of the month of termination unless termination is due to the death of an Eligible Employee, in which case See Section 1009.F. below.

See Section 5009.H. for additional provisions related to Life Insurance.

The provisions for Disability Insurance differ from the requirements stated here. See Section 7009.D. for applicable provisions.

E. **Reduction in Senior Management Appointment Below 100%** - See Section 5009.E. for applicable Life Insurance provisions.

F. **Death of Employee** – Coverage ends on the last day of the month of the employee's death unless the Eligible Employee has Family Members covered in medical, dental, or vision, in which case coverage ends of the last day of the month following the month of death.

G. **Indefinite Layoff** – Coverage ends on the last day of the month of layoff.

For additional provisions applicable only to Medical Plans, see Section 2009.B.

The provisions for Life Insurance and Legal Plan differ from the requirements stated here. See Section 5009.D. for applicable provisions related to Life Insurance, and Section 8009.B. for applicable provisions related to Legal Plan.

H. **Transfer to a Position in an Ineligible Group** – Coverage ends on the last day of the month in which the transfer occurs.

The provisions for Disability differ from the requirements stated here. See Section 7009.D. of Disability Insurance for detail.

I. **Appointment Change That Results in Gain/Loss of Eligibility** – Eligible Employees who are already enrolled in coverage and change medical or dental plans due to an appointment change will have their coverage for their former plan end at the end of the month in which the appointment change takes place.

J. **Retirement** –

1. For retirees who are not eligible for Annuitant Health and Welfare Plans, active employee coverage ends on the last day of the month in which the separation occurs.
2. For retirees who are eligible for Annuitant Health and Welfare Plans and the retirement date falls within the calendar month following separation, Active employee coverage ends on the last day of the month following the month in which separation occurs.
3. For retirees who are eligible for Annuitant Health and Welfare Plans but whose retirement date does not fall within the calendar month following separation, active employee coverage ends on the last day of the month in which the separation occurs.

K. **Insufficient Earnings**

1. If applicable Net Premiums cannot be taken from pay for two consecutive months, coverage lapses retroactively to the first day of the first month for which a premium was missed. Eligible Employees may continue coverage for some plans through direct payment of premiums. See Administrative Supplement II-C for additional detail.
2. The provisions for Basic Life Insurance, Senior Management Life Insurance, Disability Insurance, and Flexible Spending Accounts differ from the requirements stated here. See Section 5009.G. for applicable provisions related to Life Insurance, Section 7009.E. for applicable provisions related to Disability Insurance, and Section 9008.E. for applicable provisions related to Flexible Spending Accounts.

**L. Loss of Eligible Family Member Status**

The Eligible Employee must notify the University in the event that a Family Member loses eligible status within 31 days. Coverage for the ineligible Family Member ends at the end of the month in which the Family Member no longer meets eligibility criteria described in Part II.1.C.

For purposes of requesting COBRA continuation, notice may be provided to UC within 60 days of the Family Member's loss of eligibility. The University may recover the costs of Employer Premiums from the Eligible Employee due to enrollment of ineligible individuals subject to the terms in Section 1009.N.

1. **Divorce/Legal Separation/Annulment** – Eligibility stops at the end of the month in which the divorce/legal separation/annulment is final.
2. **Ineligible Adult Dependent Relative/Domestic Partner** – Eligibility stops at the end of the month in which the individual ceases to meet any one of the eligibility requirements (described in Part II.1.C.) or in the case of an adult dependent relative, the day the individual becomes eligible for Medicare (the first of the month in which the individual becomes age 65, or the first of the prior month if the birthday is on the first of the month).
3. **Overage/Ineligible Child or Grandchild or Step Grandchild** – Eligibility stops at the end of the month in which the child reaches age 26 (18 for a Legal Ward), or ceases to meet any one of the eligibility requirements (described in Part II.1.C.). This age provision does not apply to qualifying disabled children.
4. **Marriage of Eligible Grandchild, Overage Disabled Child or Declaration of Emancipation by a Minor Child** – Eligibility stops at the end of the month in which the child marries or a declaration of emancipation becomes effective.
5. **Family Member Becomes Eligible Employee** – This provision applies only to Dependent Life Insurance, see Section 5008.F.5.

For additional provisions applicable to Life Insurance, see Section 5008.F.

The provisions of this section do not apply to plans for which Family Members are not eligible for coverage.

- M. **Termination of Group Contract between the University and the Carrier** – Coverage terminates the day the group contract between the University and the carrier is terminated or the day the University terminates the plan.
- N. **Enrollment of Ineligible Individuals** – The Plan Administrator reserves the right to disenroll ineligible individuals. Disenrolled individuals who never met UC's eligibility requirements are not entitled to COBRA, described in Section 1010. Disenrolled individuals who previously met UC's eligibility requirements may be entitled to COBRA, described in Section 1010.

Recovery of any paid premiums due to the enrollment of such individuals may be recovered by the Plan Administrator, Office of the President, in conjunction with the University campus or lab location and the carrier, if permitted by law.

- O. **Misuse of the Plan** – The Plan Administrator reserves the right to disenroll individuals who misuse the plan.

Misuse of the Plan is defined in the Definitions and Abbreviations Section (Part I-B) and includes, but may not be limited to, actions such as falsifying enrollment or claims information, intentionally enrolling individuals who are not eligible Family Members, allowing another individual to use the Employee's plan identification card, threats or abusive behavior toward plan providers or representatives.

The Plan Administrator may work with the University campus or lab location and the carrier to recover any University-paid premiums due to enrollment of ineligible individuals.

Re-enrollment is subject to Plan Administrator or plan (as applicable) approval. If re-enrollment is permitted, coverage will be effective as soon as administratively feasible after approval by the Plan Administrator or applicable plan.

See Section 7009.F. for provisions applicable only to Disability Insurance.

- P. **Flexible Spending Account Only – Cancellation of Coverage/Contribution Election** – See Section 9009.B. for applicable Flexible Spending Account provisions.

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## 1010. Continued Group Coverage (COBRA)

Upon termination of Medical Plans, Dental Plan, Vision Plan, and Health FSA Coverage, COBRA continuation coverage may be available in accordance with applicable provisions of the Public Health Service Act and COBRA regulations under the Internal Revenue Code.

If the Eligible Employee wants to continue coverage beyond COBRA, see Section 1011 for Conversion and Portability options.

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## 1011. Conversion and Portability

### A. **Conversion**

When coverage ends because of retirement, termination of employment, end of the continued group coverage period, or other loss of eligibility, certain plans may be converted to an individual Plan offered by the carrier without the need for evidence of insurability. The terms regarding availability of an individual plan are determined by each plan and may not be available in all cases. The Eligible Employee and/or eligible Family Members must apply for conversion. The carrier must receive the conversion application and the required premium within the timeframe specified in the Plan booklet (generally 31 days from the date the group coverage ends).

The following plans may be converted to an individual Plan: Medical Plans, Life Insurance, AD&D Insurance, and Legal Plan.

For additional provisions related only to Life Insurance plans, see Section 5011.A.

For additional provisions related only to AD&D Insurance, see Section 6011.A.

There is no conversion option for Dental Plans, Vision Plan, and Disability Insurance.

### B. **Portability**

The portability benefit allows the Eligible Employee and/or eligible family member to continue Life Insurance coverage at group term-life rates, which are generally lower than the conversion premium rates. Evidence of Insurability is not required, but if the Eligible Employee and/or eligible family member submit proof of good health, the Eligible Employee and/or eligible family member may qualify for preferred rates. There are additional requirements for portability.

The following plans may be ported to an individual Plan: Supplemental Life Insurance and Basic and Expanded Dependent Life Insurance.

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## 2000. MEDICAL PLANS

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### 2001. Definition

The University-sponsored group Medical Plans provide medical, behavioral health, and prescription drug coverage for Eligible Employees and their eligible Family Members. (See Part IV for Annuitant eligibility.)

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### 2002. Eligibility

The eligibility requirements are set forth in Part II.1.A. and Administrative Supplement II-A for Employees, and Part II.1.C. for Family Members.

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### 2003. Period of Initial Eligibility (PIE)

The Period of Initial Eligibility requirements are set forth in Section 1003 of these Regulations. For additional provisions related only to Medical Plans, see below:

- A. **Added PIE** – Under the following circumstances there is an additional PIE.
1. **Nonimmigrant Aliens and Other Employees** whose eligible Family Member(s) arrive in the United States after the Eligible Employee's PIE have a new PIE to enroll them in Medical. The PIE begins the day the Family Member(s) arrive in the United States.
  2. **At Point of Layoff** – There is a new PIE to change any Medical Plan to Core Medical Plan if the Eligible Employee is subject to layoff from a University position and is eligible for COBRA continuation coverage. The PIE is the same as the enrollment period allowed by the COBRA administrator.
  3. **Move Out of/Return to Medical HMO Plan Service Area**
    - a. **University-Sponsored Plan** – In the event an Eligible Employee and/or eligible Family Member moves or is transferred out of the service area of a University-sponsored plan that does not provide benefits to individuals who no longer reside, live or work in the service area, or who will be away from the service area for more than two months, the Eligible Employee has a PIE to enroll himself/herself and/or eligible Family Members in another University-sponsored plan available in the Eligible Employee's or eligible Family Member's new location. The PIE begins with the effective date of loss of coverage because of the move or the date the Employee and/or eligible Family Members leave the service area.

Upon return to the service area, the Employee will have a PIE to reenroll himself/herself and eligible Family Members in the same HMO, or other arrangement, s/he had at the time of the move out of area. The PIE begins with the effective date of the return to the service area.

- b. **Non-University Sponsored Plan** – If an Eligible Employee and/or his/her Family Members are enrolled in a non-University-sponsored HMO, or other arrangement, that does not provide benefits to individuals who no longer reside, live or work in the service area, and coverage is lost because the enrolled individuals no longer reside, live or work in the plan's service area, the Employee may enroll him/herself and/or eligible Family Members in any University-sponsored plan.

If the coverage is lost under an HMO, or other arrangement, in the group plan market, enrollment in a University-sponsored plan as described above is available only if the sponsor of the group plan makes no other benefit package available to the individual(s) losing coverage.

4. **Disruption of Primary Medical Group** – An Eligible Employee may be given a new PIE to change to another Medical Plan if/when their current primary medical group's contract with the Medical Plan is terminated. Such PIE is available only if the Eligible Employee:

- a. Is not participating in the TIP Plan; or
- b. The Eligible Employee is participating in the TIP Plan and the change meets the election change requirements under the terms of the plan and Section 125 of the Internal Revenue Code, as determined by the Plan Administrator.

If an Eligible Employee enrolled in the affected Medical Plan is requesting a Medical Plan transfer and the Office of the President Human Resources has not made a system-wide announcement, they must submit a copy of the medical group termination letter which indicates the effective date of the termination, with their plan enrollment. The PIE, if permitted, begins with the date of the announcement/letter or the effective date of the medical group termination, if later.

5. **Disruption of Behavioral Health Provider**

- a. An Eligible Employee may be given a new PIE to change to another Medical Plan if their current behavioral health provider leaves their current Medical Plan's network to join another Medical Plan's network.
- b. Employees requesting to change to another Medical Plan must request a letter from their behavioral health provider documenting the following:



- i. The Eligible Employee or Family Member and is currently undergoing treatment from the behavioral health provider,
    - ii. Date the behavioral health provider is leaving the current medical plan's network,
    - iii. Date the behavioral health provider is joining a new UC-sponsored medical plan's network.
  - c. The PIE, if permitted, begins on the date the current medical plan's provider leaves the network.
6. **Eligibility for Medicaid or CHIP Premium Assistance Program** – If an Eligible Employee and/or his/her eligible Family Member(s) who are not enrolled in a University-sponsored medical plan become eligible for premium assistance under a Medicaid or CHIP premium assistance program, the Eligible Employee may enroll him/herself and/or eligible Family Members in any University-sponsored plan.
  7. **Judgment, Decree or Order** – An Eligible Employee must be permitted to enroll an eligible child in a medical plan if such Employee is legally required to provide group health coverage to such child pursuant to an administrative or court judgment, decree or order.

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## 2004. Enrollment

The Enrollment requirements are set forth in Section 1004. of these Regulations. For additional provisions related only to Medical Plans, see below:

- A. **Enrolling in Coverage** – In the following situations an Eligible Employee may enroll in Medical Plans subject to a 90-Day Waiting Period before coverage begins. The 90-Day Waiting Period begins on the date the enrollment form is received by the local Benefits or Accounting Office and ends 90 consecutive calendar days from the date it begins.
  1. An Eligible Employee is not enrolled in Medical Plans because a PIE or OEP was missed and the Eligible Employee has not submitted an opt-out or cancellation form.
  2. An Eligible Employee is enrolled in non-family coverage and missed a PIE or an OEP and wants to add an eligible Family Member.
- B. **Opting Out of Enrollment**
  1. **Opting Out of Enrollment** – Eligible Employees may opt out of Medical Plans.

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## 2005. Effective Date

The Effective Date requirements are set forth in Section 1005. of these Regulations. For additional provisions related only to Medical Plans, see below:

Coverage begins on the date listed below:

- A. **90-day Waiting Period** – The 91st consecutive calendar day after the enrollment form is received by the local Benefits or Accounting Office.
- B. **Disruption of Primary Medical Group or Disruption of Behavioral Health Provider** – The effective date of the transfer is the first day of the month following enrollment, subject to payroll processing deadlines.
- C. **Exceptions** – If any of the exceptions below applies, the effective date of coverage for the Eligible Employee and all eligible Family Members is deferred as noted.
  1. **Leave at the Beginning of an Appointment** – If an Eligible Employee's appointment begins by being placed on a leave without pay, the effective date of coverage is deferred until the Eligible Employee is placed on normal Pay Status for that appointment.
  2. **Open Enrollment Period Action by Employee on a Leave without Pay** – If the employee has not continued coverage via direct pay, the effective date of coverage is deferred until the Eligible Employee is placed on normal Pay Status in an eligible appointment.

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## 2006. University Contribution

The University contributes toward the Medical Plans premium. The University Contribution requirements are set forth in Section 1006. of these Regulations.

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## 2007. Premiums

Gross Premiums for Medical Plans are paid in advance. The Premium requirements are set forth in Section 1007. of these Regulations.

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## 2008. Duration of Coverage

The Duration of Coverage requirements are set forth in Section 1008. of these Regulations. For additional provisions related only to Core Medical Plans, see below:

- A. **Special Leaves**

1. **Military Leave** – In addition to the provisions stated in Section 1008.D.1., the following provisions also apply:
  - a. If an Eligible Employee is on an approved military leave without pay, coverage may continue Medical Plans for an additional six months, provided the Eligible Employee and/or eligible Family Member was enrolled in a plan at the beginning of the leave.
  - b. After all Military Leave timeframes have been exhausted, an Eligible Employee may continue coverage through COBRA (Section 1010.) or Conversion (Section 1011.).
2. **While Receiving Basic Disability or Voluntary Short-Term Disability Benefits** – Eligible Employees continue to receive the University contribution for Medical Plans coverage for up to six months provided their University employment is not terminated. These Employees must arrange direct payment of any Net Premiums through the local Benefits or Accounting Office. Payment must be made in advance of each premium month.
3. **While Receiving Temporary Disability Payments Under Workers' Compensation** – Medical Plans coverage for an Eligible Employee may be continued while the Eligible Employee is receiving workers' compensation temporary disability benefits in connection with University employment, provided that their University employment is not terminated. The Medical Plan Contingency Fund may be used in specified situations to reimburse departments for the Gross Premium for the Eligible Employee's Medical Plan. See Administrative Supplement III-A.
4. **Pending Disability Income from a University-Sponsored Defined Benefit Plan** – If the following circumstances apply, the Eligible Employee may arrange direct payment of Gross Premiums through the appropriate unit in the Office of the President:
  - a. The Eligible Employee has applied for disability income from a University-sponsored defined benefit plan and the application is in process, and
  - b. The Eligible Employee is either on leave without pay or has been terminated from University employment.

Payment must be made in advance of each premium month. The Eligible Employee must arrange direct payment of Gross Premiums through the appropriate unit in the Office of the President.

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## 2009. Termination of Coverage

The Termination of Coverage requirements are set forth in Section 1009. of these Regulations. For additional provisions related only to Medical Plans, see below:

A. **Employee Initiated Disenrollment**

1. An Eligible Employee may disenroll himself/herself and Family Members from Medical Plans during the following events:
  - a. A new PIE (Section 1003.), or
  - b. An OEP (Section 1004.B.2.).

B. **Indefinite Layoff** – In addition to the provisions stated in Section 1009.G., the following provisions also apply:

Eligible Employees who are eligible for continued group coverage (COBRA) may continue their current Medical Plan or change to Core Medical at the time of layoff.

C. **Loss of Eligible Family Member Status** – In addition to the provisions stated in Section 1009.L., the following provisions also apply:

For purposes of requesting COBRA continuation, notice may be provided to UC within 60 days of the Family Member's loss of eligibility.

D. **Enrollment of Ineligible Individuals** – Disenrolled individuals who never met UC's eligibility requirements are not entitled to COBRA, described in Section 1010. Disenrolled individuals who previously met UC's eligibility requirements may be entitled to COBRA, described in Section 1010.

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## 2010. Continued Group Coverage (COBRA)

COBRA continuation is available. See Section 1010. of these Regulations.

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## 2011. Conversion and Portability

- A. **Conversion** – Medical Plans may be converted to an individual plan. The Conversion requirements are set forth in Section 1011. of these Regulations.
- B. **Portability** – Medical Plans may not be ported to an individual plan.

## 3000. DENTAL PLANS

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### 3001. Definition

The University-sponsored group Dental Plans provide dental coverage for Eligible Employees and their eligible Family Members. (See Part IV for Annuitant eligibility.)

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### 3002. Eligibility

The Eligibility requirements are set forth in Part II.1.A. and Administrative II-A for Employees and Part II.1.C. for Family Members of these Regulations.

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### 3003. Period of Initial Eligibility (PIE)

The Period of Initial Eligibility requirements are set forth in Section 1003. of these Regulations. For additional provisions related only to Dental Plans, see below:

- A. **Added PIE** – Under the following circumstances there is an additional PIE.
1. **Nonimmigrant Aliens and Other Employees** whose eligible Family Member(s) arrive in the United States after the Eligible Employee's PIE have a new PIE to enroll them in Dental Plan. The PIE begins the day the Family Member(s) arrive in the United States.
  2. **Move Out of/Return to Dental HMO Plan Service Area**
    - a. **University-Sponsored Plan** – In the event an Eligible Employee and/or eligible Family Member moves or is transferred out of the service area of a University-sponsored plan that does not provide benefits to individuals who no longer reside, live or work in the service area, or who will be away from the service area for more than two months, the Eligible Employee has a PIE to enroll himself/herself and/or eligible Family Members in another University-sponsored plan available in the Eligible Employee's or eligible Family Member's new location. The PIE begins with the effective date of loss of coverage because of the move or the date the Employee and/or eligible Family Members leave the service area.

Upon return to the service area, the Employee will have a PIE to reenroll himself/herself and eligible Family Members in the same HMO, or other arrangement, s/he had at the time of the move out of area. The PIE begins with the effective date of the return to the service area.

- b. **Non-University Sponsored Plan** – If an Eligible Employee and/or his/her Family Members are enrolled in a non-University-sponsored HMO, or other arrangement, that does not provide benefits to individuals who no longer reside, live or work in the service area, and coverage is lost because the enrolled individuals no longer reside, live or work in the plan's service area, the Employee may enroll him/herself and/or eligible Family Members in any University-sponsored plan.

If the coverage is lost under an HMO, or other arrangement, in the group plan market, enrollment in a University-sponsored plan as described above is available only if the sponsor of the group plan makes no other benefit package available to the individual(s) losing coverage.

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## 3004. Enrollment

The Enrollment requirements are set forth in Section 1004. of these Regulations.

A. **Opting Out of Enrollment**

1. **Opting Out of Coverage** – Eligible Employees may opt-out of University-sponsored dental coverage.

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## 3005. Effective Date

The Effective Date requirements are set forth in Section 1005. of these Regulations. For additional provisions related only to Dental Plan, see below:

- A. **Exceptions** – If any of the exceptions below applies, the effective date of coverage for the Eligible Employee and all eligible Family Members is deferred as noted.
1. **Leave at the Beginning of an Appointment** – If an Eligible Employee's appointment begins by being placed on a leave without pay, the effective date of coverage is deferred until the Eligible Employee is placed on normal Pay Status for that appointment.
2. **Open Enrollment Period Action by Employee on a Leave Without Pay** – If the employee has not continued coverage via direct pay, the effective date of coverage is deferred until the Eligible Employee is placed on normal Pay Status in an eligible appointment.

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## 3006. University Contribution

The University contributes toward the Dental Plan premium. The University Contribution requirements are set forth in Section 1006. of these Regulations.

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## 3007. Premiums

Premiums for Dental Insurance are paid in advance. The Premium requirements are set forth in Section 1007. of these Regulations.

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## 3008. Duration of Coverage

The Duration of Coverage requirements are set forth in Section 1008. of these Regulations. For additional provisions related only to Dental Plans, see below:

A. **Special Leave**

1. **Military Leave** – In addition to the provisions stated in Section 1008.D.1., the following provisions also apply:
  - a. If an Eligible Employee is on an approved leave without pay, coverage may be continued for Dental Plan for an additional six months, provided the Eligible Employee and/or Family Member was enrolled in a plan at the beginning of the leave.
  - b. After all Military Leave timeframes have been exhausted, an Eligible Employee may continue coverage for Dental Plan through COBRA.

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## 3009. Termination of Coverage

The Termination of Coverage requirements are set forth in Section 1009. of these Regulations. For additional provisions related only to Dental Plans, see below:

A. **Employee Initiated Disenrollment**

1. An Eligible Employee may disenroll himself/herself and Family Members from Dental Plan during the following events:
  - a. A new PIE (Section 1003.), or
  - b. An OEP (Section 1004.B.2.).

- B. **Loss of Eligible Family Member Status** – In addition to the provisions stated in Section 1009.L., the following provisions also apply:

For purposes of requesting COBRA continuation, notice may be provided to UC within 60 days of the Family Member's loss of eligibility.

- C. **Enrollment of Ineligible Individuals** – Disenrolled individuals who never met UC's eligibility requirements are not entitled to COBRA, described in Section 1010. Disenrolled individuals who previously met UC's eligibility requirements may be entitled to COBRA, described in Section 1010.

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## 3010. Continued Group Coverage (COBRA)

COBRA continuation is available. See Section 1010. of these Regulations.

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## 3011. Conversion and Portability

Does not apply.



## 4000. VISION PLAN

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### 4001. Definition

The University-sponsored group Vision Plan provides coverage for Eligible Employees and their eligible Family Members.

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### 4002. Eligibility

The Eligibility requirements are set forth in Part II.1.A. and Administrative II-A for Employees and Part II.1.C. for Family Members of these Regulations.

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### 4003. Period of Initial Eligibility (PIE)

The Period of Initial Eligibility requirements are set forth in Section 1004. of these Regulations. For additional provisions related only to Vision Plans, see below:

- A. **Added PIE** – Under the following circumstances there is an additional PIE.
    - 1. **Nonimmigrant Aliens and Other Employees** whose eligible Family Member(s) arrive in the United States after the Eligible Employee's PIE have a new PIE to enroll them in Vision Plan. The PIE begins the day the Family Member(s) arrive in the United States.
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### 4004. Enrollment

The Enrollment requirements are set forth in Section 1004. of these Regulations.

- A. **Opting Out of Enrollment**
    - 1. **Opting Out of Coverage** – Eligible Employees may opt-out of University-sponsored vision coverage.
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### 4005. Effective Date

The Effective Date requirements are set forth in Section 1005. of these Regulations. For additional provisions related only to Vision Plan, see below:

- A. **Exceptions** – If any of the exceptions below applies, the effective date of coverage for the Eligible Employee and all eligible Family Members is deferred as noted.

1. **Leave at the Beginning of an Appointment** – If an Eligible Employee’s appointment begins by being placed on a leave without pay, the effective date of coverage is deferred until the Eligible Employee is placed on normal Pay Status for that appointment.
2. **Open Enrollment Period Action by Employee on a Leave without Pay** – If the employee has not continued coverage via direct pay, the effective date of coverage is deferred until the Eligible Employee is placed on normal Pay Status in an eligible appointment.

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## 4006. University Contribution

The University contributes toward the Vision Plan premiums. The University Contribution requirements are set forth in Section 1006. of these Regulations.

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## 4007. Premiums

Premiums for Vision Plans are paid in advance. The University Contribution requirements are set forth in Section 1007. of these Regulations.

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## 4008. Duration of Coverage

The Duration of Coverage requirements are set forth in Section 1008. of these Regulations. For additional provisions related only to Vision Plan, see below:

A. **Special Leave**

1. **Military Leave** – In addition to the provisions stated in Section 1008.D.1., the following provisions also apply:
  - a. If an Eligible Employee is on an approved military leave without pay, coverage may be continued for Vision Plan for an additional six months, provided the Eligible Employee and/or Family Member was enrolled in a plan at the beginning of the leave.
  - b. After all Military Leave timeframes have been exhausted, an Eligible Employee may continue coverage for Vision Plan through COBRA (Section 1009).

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## 4009. Termination of Coverage

The Termination of Coverage requirements are set forth in Section 1009. of these Regulations. For additional provisions related only to Vision Plan, see below:

A. **Employee Initiated Disenrollment**

1. An Eligible Employee may disenroll himself/herself and Family Members from Vision Plan during the following events:
  - a. A new PIE (Section 1003.), or
  - b. An OEP (Section 1004.B.2.).

B. **Loss of Eligible Family Member Status** – In addition to the provisions stated in Section 1009.L., the following provisions also apply:

For purposes of requesting COBRA continuation, notice may be provided to UC within 60 days of the Family Member's loss of eligibility.

C. **Enrollment of Ineligible Individuals** – Disenrolled individuals who never met UC's eligibility requirements are not entitled to COBRA, described in Section 1010. Disenrolled individuals who previously met UC's eligibility requirements may be entitled to COBRA, described in Section 1010.

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## 4010. Continued Group Coverage (COBRA)

COBRA continuation is available. See Section 1010. of these Regulations.

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## 4011. Conversion and Portability

Does not apply.

## 5000. LIFE INSURANCE PLANS

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### 5001. Definition

**Basic and Core Life Insurance** – University-sponsored and University-paid Basic and Core Life Insurance provides group term life insurance for Eligible Employees. It is in addition to the Supplemental Life Insurance program, benefits from the University of California Retirement Plan (UCRP), or any other death benefit for which an Employee may qualify.

**Supplemental Life Insurance** – University-sponsored and Employee-paid Supplemental Life Insurance provides group term life insurance for Eligible Employees. It is in addition to the University-paid Basic and Core Life Insurance plans, benefits from the University of California Retirement Plan (UCRP), or any other death benefit for which an Employee may qualify.

**Senior Management Life Insurance** – University-sponsored and University-paid Senior Management Life Insurance provides group term life insurance for Senior Management Group, as defined in PPSM-II-71, Eligible Employees. It is in addition to the Basic Life Insurance program, Supplemental Life Insurance program, benefits from the University of California Retirement Plan (UCRP), or any other death benefit for which an Employee may qualify.

**Dependent Life Insurance** – The University-sponsored Dependent Life Insurance plans provide group term life insurance for eligible Family Members of Eligible Employees. Eligible Employees may elect the Basic Dependent Life Insurance plan or the Expanded Dependent Life Insurance plan, but not both.

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### 5002. Eligibility

#### A. **Employee**

1. **Initial Employment Requirements** – Persons appointed and paid by the University as an Eligible Employee as specified in Part II.1.A. and Administrative Supplement II-A are eligible for the following Life Insurance Plans:
  - a. Basic Life Insurance and Core Life Insurance
  - b. Supplemental Life Insurance
  - c. Dependent Life Insurance
    - i. Eligible Employees enrolled in Supplemental Life Insurance are eligible for either the Basic Dependent Life Insurance or Expanded Dependent Life Insurance plan.

- ii. Eligible Employees covered by Senior Management Life Insurance are eligible to purchase either the Basic Dependent Life Insurance or Expanded Dependent Life Insurance plan for their eligible Family Members.
- iii. Eligible Employees covered only by Basic Life Insurance are eligible to purchase Basic Dependent Life Insurance plan for their eligible Family Members.
- d. Senior Management Life
  - i. Members of Senior Management with full-time (100%) permanent appointments who are members of a University-sponsored defined benefit plan or eligible for the Retirement Choice Program are eligible for Senior Management Life Insurance.

2. **Continuing Requirements**

- a. The Continuing Requirements for Life Insurance are set forth in Part II.1.A. and Administrative Supplement II-A of these regulations.
- b. Additional provisions related only to Senior Management Life: To remain eligible for Senior Management coverage, the Eligible Employee must retain a 100% full-time Senior Management appointment and remain in a University-sponsored defined benefit plan or be eligible for the Retirement Choice Program.
- c. Additional provisions related only to Dependent Life Insurance:
  - i. Basic Dependent Life Insurance – Eligible Employees must maintain Supplemental Life Insurance, Senior Management Life Insurance or Basic Life Insurance.
  - ii. Expanded Dependent Life Insurance – Eligible Employees must maintain Supplemental Life Insurance or Senior Management Life Insurance.

- B. **Family Members** – are covered under Dependent Life Insurance. Eligibility requirements for Dependent Life Insurance are set forth in Part II.1.C. of these Regulations.

Family Members are not covered under Basic Life Insurance, Core Life Insurance, Supplemental Life Insurance and Senior Management Life Insurance.

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## 5003. Period of Initial Eligibility (PIE)

PIE requirements do not apply to Basic Life Insurance, Core Life Insurance, and Senior Management Life Insurance. Basic Life Insurance, Core Life Insurance, and Senior Management Life Insurance begin automatically the day the Eligible Employee becomes eligible for the applicable plan.

PIE requirements are applicable only to Supplemental Life Insurance and Dependent Life Insurance. The provisions are set forth in Section 1003. of these regulations. The following provisions also apply:

- A. **Added PIE** – Under the following circumstances there is an additional PIE.
1. **ILOC** – The provisions for Life Insurance differ from the requirements stated in Section 1003.D.7. An ILOC occurs when:
    - a. The Eligible Employee and eligible Family Member are both eligible employees but are enrolled separately in UC Life Insurance (e.g. a husband and wife both work for UC, and each is enrolled in Supplemental Life Insurance); and
    - b. The Eligible Employee and/or eligible Family Member(s) lose the UC group life insurance coverage involuntarily for reasons such as termination of employment, loss of eligibility, death, or divorce. Loss of eligibility to continue coverage under the waiver of premium provisions is also an ILOC.

In the event of an ILOC, a PIE to enroll in Dependent Life Insurance begins on the date the other UC group life insurance coverage ends.

Only involuntary loss of UC Supplemental Life Insurance coverage will create a PIE. Involuntary loss of Basic Life Insurance or Core Life Insurance or loss of non-UC life insurance will not create a PIE to enroll in Dependent Life Insurance.

2. **Acquisition of Eligible Family Member for Supplemental Life Insurance** – The provisions for Life Insurance differ from the requirements stated in Section 1003.D.13. See below for relevant provisions:

Upon the acquisition of a newly eligible Family Member, an Eligible Employee has a new PIE to enroll in or increase Supplemental Life Insurance. The PIE begins with the date the Family Member(s) first meets the eligibility requirements in Part II.1.C.
3. **Acquisition of Eligible Family Member for Dependent Life Insurance** – The provisions for Life Insurance differ from the requirements stated in Section 1003.D.13. See below for relevant provisions:

Upon the acquisition of a newly eligible spouse or domestic partner, an Eligible Employee has a PIE to enroll in Dependent Life Insurance beginning with the date a spouse or domestic partner meets the eligibility requirements described in Part II.1.C.

- a. **Marriage/Newly Acquired Domestic Partner** – When the spouse/domestic partner is first eligible, Eligible Employees may select the Basic Dependent Life Insurance plan or the Expanded Dependent Life Insurance plan applicable to the number of eligible Family Members acquired on the date of the marriage/domestic partnership.

Eligible Employees who are already enrolled in the Basic Dependent Life Insurance plan or the Expanded Dependent Life Insurance plan covering children only may add their spouse/domestic partner to their current plan or transfer to the other plan, covering both spouse/domestic partner and child(ren).

If the spouse/domestic partner is not enrolled during this PIE, Evidence of Insurability will be required by the carrier in order to enroll the spouse/domestic partner at a later date.

- b. **Acquisition of an Eligible Child** – PIE does not apply. Eligible Employees may enroll or change coverage for children who meet the eligibility requirements described in Part II.1.C. at any time without Evidence of Insurability. Acquisition of an Eligible Child does not create a PIE for a spouse/domestic partner.
- c. **Duplicate Coverage** – PIEs to enroll in employee-paid Supplemental Life Insurance or Dependent Life Insurance due to an ILOC may be created under the following circumstances: (Employees must be eligible for coverage at the time of the PIE.)
- i. Death of either UC spouse or UC employed Family Members,
  - ii. Divorce of two UC spouses,
  - iii. Termination of employment of either spouse or UC employed Family Members.
    - (1). If both spouses are enrolled in University-sponsored Employee-paid Supplemental Life Insurance and one leaves University employment, the remaining spouse may enroll the departing spouse in Basic or Expanded Dependent Life Insurance. Similar rules apply to parent/child relationships.

- (2). If one Eligible Employee is enrolled in Supplemental Life Insurance and is covering another under Basic or Expanded Dependent Life Insurance and the sponsoring Employee leaves UC, the remaining Employee has a PIE to enroll in both Supplemental Life Insurance up to the multiple of coverage they had as a dependent and Dependent Life Insurance for the departing Employee. The remaining spouse must be enrolled in Supplemental Life Insurance to be eligible to cover the departing spouse under Dependent Life Insurance. However, termination of employment of a spouse covered as a dependent does not create a PIE for the remaining spouse.
- (3). Eligibility is linked to the Supplemental Life Insurance option chosen by the departing spouse, not to the amount of coverage. If the remaining spouse would like higher Supplemental Life Insurance coverage, Evidence of Insurability is required.

As mentioned in Section 5003.A.1.b., if a Family Member loses Supplemental Life Insurance coverage which had been continued via premium waiver, the remaining active Eligible Employee has a PIE to enroll the eligible Family Member in Dependent Life Insurance.

#### 5. **Transfer In or Out of a Senior Management Appointment**

Eligible Employees covered by Senior Management Life Insurance who transfer to appointments not eligible for Senior Management Life Insurance have a PIE to enroll in or add up to 2 times Supplemental Life Insurance to their current coverage without Evidence of Insurability. The PIE begins with the date of the first appointment ineligible for Senior Management Life Insurance.

In no event will the individual be able to add Supplemental Life Insurance such that it would exceed plan limits (e.g., if the individual is already enrolled in the 3 times Supplemental Life Insurance plan, only one additional multiple could be allowed due to the maximum plan multiple of 4 times salary).

Evidence of Insurability is required for Supplemental Life Insurance coverage amounts in excess of that provided by the PIE.



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## 5004. Enrollment

### A. **Automatic Enrollment**

1. Enrollment is automatic for Basic Life Insurance, Core Life Insurance, Senior Management Life.

### B. **Enrolling in Coverage** – The provisions for Life Insurance differ from the requirements stated in Section 1004.B. See below for relevant provisions:

Eligible Employees may apply for Supplemental Life Insurance and Dependent Life Insurance:

1. **PIE** – During a PIE as described in Section 1003. and 5003. Once the enrollment transaction is processed, changes to increase coverage cannot be made:
  - a. Until there is a new PIE (Sections 1003. and 5003.) or
  - b. There is a Special Open Enrollment Period for Life Insurance. A special OEP may allow Eligible Employees to enroll for the first time, increase coverage, or transfer to a higher level of coverage. Special OEPs for Supplemental Life Insurance and Dependent Life Insurance are not held annually.
  - c. Evidence of Insurability is approved. The Eligible Employee must provide the information required by the carrier. If applying for Dependent Life Insurance, the application must include the eligible spouse or domestic partner. The carrier may approve or deny the application.

### C. **Re-Enrollment**

1. In addition to the provisions stated in Section 1004.C., the following provisions also apply:
  - a. For Supplemental Life Insurance and Dependent Life Insurance, an Eligible Employee cannot reenroll until the individual returns to Pay Status as an Eligible Employee if coverage lapsed. Eligible Employees will not be required to submit a Statement of Health to re-enroll in either Supplemental Life Insurance and/or Dependent Life Insurance.
  - b. Eligible Employees with Supplemental Life Insurance who do not reenroll will only be covered by Basic Life, which will begin automatically on the first day of return to work on Pay Status in an eligible position.

### D. **Reducing Coverage**

1. Once enrolled in Supplemental Life Insurance, an Eligible Employee may transfer to a plan with lower benefits at any time.
2. Once enrolled in Expanded Dependent Life Insurance, an Eligible Employee may transfer to Basic Dependent Life Insurance at any time.

**E. Movement Between Life Insurance Programs**

1. **From Basic to Expanded Coverage** – Moving from Basic Dependent Life to Expanded Dependent Life Insurance requires Evidence of Insurability for a spouse/domestic partner, if applicable.
2. **From Expanded to Basic Coverage**
  - d. Moving from Expanded, child(ren)-only Dependent Life Insurance to Basic Dependent Life Insurance covering a spouse/domestic partner requires Evidence of Insurability for the spouse/domestic partner, if applicable.
  - e. Moving from Expanded, spouse/domestic partner-only Dependent Life Insurance to Basic Dependent Life Insurance covering children does not require Evidence of Insurability for each eligible child (if there are any).
  - f. Moving from Expanded, spouse/domestic partner and child(ren) dependent life insurance for family to Basic Dependent Life Insurance is unrestricted.
3. **With Expanded Coverage**
  - a. Moving from spouse/domestic partner-only to spouse/domestic partner and child(ren) or to child(ren)-only does not require Evidence of Insurability for the eligible child(ren).
  - b. Moving from child(ren)-only to spouse/domestic partner and child(ren) or to spouse/domestic partner-only requires Evidence of Insurability for the spouse/domestic partner.

**F. Enrollment in Duplicate University-Sponsored Coverage is not allowed. In addition to the provisions stated in Section 1004.F., the following provisions also apply:**

1. Eligible Employees with UC-employed family may:
  - a. Enroll in Supplemental Life, or
  - b. Be enrolled as Family Member under either Basic or Expanded Dependent Life Insurance (in lieu of enrollment in Supplemental Life Insurance), or

- c. Cover their eligible Family Members under either Basic or Expanded Dependent Life Insurance (if the Family Members are not eligible for Supplemental Life Insurance and are not covered by another Eligible Employee's Dependent Life Insurance).
  - 2. Eligible Employees with UC-employed family may not:
    - a. Be covered as Family Members under the Dependent Life Insurance if they're enrolled in Supplemental Life Insurance, or
    - b. Enroll in Supplemental Life Insurance if they are covered as Family Member under Dependent Life Insurance, or
    - c. Enroll child(ren) in a Dependent Life Insurance if their Family Member already covers the child(ren) under a UC-sponsored Dependent Life Insurance, or
    - d. Enroll disabled Family Members in Dependent Life Insurance if the same Family Members are covered under the premium waiver provisions of Supplemental Life Insurance. If a family member's premium waiver ends, there is a PIE to enroll in Dependent Life Insurance due to an ILOC.
- G. **Opting Out of Enrollment**
  - 1. **Opting Out of Automatic Enrollment**
    - a. Eligible Employees may not opt out of automatic Basic Life Insurance or Core Life Insurance.
    - b. Eligible Employees may opt out of Senior Management Life Insurance. Individuals who decline Senior Management Life Insurance may reapply for the Senior Management Life Insurance by providing Evidence of Insurability. Individuals who decline Supplemental Life Insurance and/or Dependent Life Insurance may reenroll only during a PIE or at other times described in Section 5004.B. The Eligible Employee must provide the information required by the carrier. The carrier may approve or deny the application.
  - 2. **Opting Out of Plans** – Eligible Employees may opt out of Supplemental Life Insurance and/or Dependent Life Insurance at any time.

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## 5005. Effective Date

The Effective Date requirements are set forth in Section 1005. of these Regulations. For additional provisions applicable to Life Insurance, see below:

Once the Eligible Employee has enrolled in the Basic Dependent Life Insurance plan or the Expanded Dependent Life Insurance plan with coverage for spouse/domestic partner and/or child(ren), new Family Members are covered automatically on the date they become eligible as described in Part II.1.C.

The Effective Date of coverage is subject to the exceptions below:

- A. **Evidence of Insurability** – For Supplemental Life Insurance, Dependent Life Insurance, and Senior Management Life Insurance only – Provided the carrier approves the application, if the appropriate enrollment transaction is processed within 31 days of the carrier’s approval of the Evidence of Insurability, coverage is effective the date of the approval. The carrier will not accept enrollments processed more than 31 days after approval of the Evidence of Insurability.
- B. **Deferred Effective Date** – For Supplemental Life Insurance and Dependent Life Insurance only – Eligible Employees may defer the normal effective date of coverage for up to six months if they will not be actively at work during that time, by submitting a written request specifying the deferred effective date; request must be submitted during a PIE. If only Supplemental Life Insurance is deferred, any Dependent Life Insurance Coverage will also be deferred until the effective date requested by the Eligible Employee. A request for a deferred effective date may not be revoked.
- C. **Exceptions** – If any of the exceptions below applies, the effective date of coverage for the Eligible Employee is deferred as noted.
  1. **Leave for Health Reasons** – New or Increased Coverage for an Eligible Employee on paid or unpaid leave for health reasons on the normal effective date begins on the day following the first full day actively-at-work, based on the Eligible Employee’s normally scheduled work day. Paid leave includes, but is not limited to, sick pay, vacation pay, salary continuance, etc.

This rule also applies to newly hired Eligible Employees who have not yet reported to work for health reasons or newly benefit-eligible Employees who have not reported to work when they became eligible for this benefit.
  2. **Leave at the Beginning of an Appointment** – If an Eligible Employee’s appointment begins by being placed on a leave without pay, the effective date of new or Increased Coverage is deferred until the Eligible Employee is placed on normal Pay Status for that appointment.
  3. **Hospitalized Family Members** – This provision only affects Dependent Life. The Eligible Employee’s newborn, biological or adopted child, is covered at birth, provided the Eligible Employee is enrolled in a plan covering children and the child’s coverage effective date is not earlier than the Eligible Employee’s coverage effective date. New or Increased Coverage for any other Family Member who is hospitalized on the normal effective date begins on the day after the Family Member is discharged from the hospital.

If an Eligible Employee is hospitalized on the normal effective date, coverage for the Eligible Employee and all eligible Family Members will begin the day after the Eligible Employee is discharged from the hospital.

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## 5006. University Contribution

The University pays the cost of Basic Life Insurance and Core Life Insurance if the Eligible Employee is on eligible Pay Status. The University pays the cost of Senior Management Life Insurance if the Senior Manager is on eligible Pay Status. There is no University contribution for Supplemental Life Insurance and/or Dependent Life Insurance.

The University Contribution requirements are set forth in Section 1006. of these Regulations.

FMLA provisions do not apply to Life Insurance.

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## 5007. Premiums

Premiums for Life Insurance Plans are paid in advance by payroll deduction. The Premium requirements are set forth in Section 1007. of these Regulations. The following provisions also apply:

- A. **Payment** – In addition to the provisions stated in Section 1007.A., the following provisions also apply:

There is no charge for the first partial month's premium difference when the following occurs:

1. Eligible Employee increases coverage.
2. There is a transfer from Basic Dependent Life Insurance to Expanded Dependent Life Insurance.

- B. **Rate Changes** – In addition to the provisions stated in Section 1007.B., the following provisions also apply:

Individual premiums for Dependent Life Insurance are adjusted each January 1. Supplemental Life Insurance premiums are based on Eligible Employee's age and eligible salary rate on January 1.

If an Eligible Employee has a mid-year downward adjustment to their Medical Contribution Base (MCB), the eligible salary rate used for the purposes of calculating Life Insurance will be adjusted downward.

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## 5008. Duration of Coverage

The Duration of Coverage requirements are set forth in Section 1008. of these Regulations. For additional provisions applicable to Life Insurance, see below:

- A. **Approved Leaves** – In addition to the provisions stated in Section 1008.C., the following provisions also apply:
1. **Timeline**
    - a. Basic Life Insurance, Core Life Insurance, and Supplemental Life Insurance
      - i. Refer to Section 1008.C. for details.
    - b. Senior Management Life Insurance
      - i. Senior Management Life Insurance coverage continues during a leave without pay for up to four months so long as long as the Senior Management appointment is at least 100%.
      - ii. Senior Management Life Insurance coverage continues during a leave with pay for up to two years so long as long as the Senior Management appointment is at least 100%.
    - c. Basic Dependent Life Insurance
      - i. If the Eligible Employee is covered only by Basic Life Insurance during a leave without pay, Basic Dependent Life Insurance may be continued during the first four months of the leave.
      - ii. If the Eligible Employee has Supplemental Life Insurance, and the Family Members remain eligible, Basic Dependent Life Insurance coverage may be continued for up to two years. If earnings are not sufficient enough to cover required deductions, Eligible Employees may continue coverage through direct payment of premiums of both Supplemental Life Insurance and Basic Dependent Life Insurance. See Administrative Supplement II-C for detail.
      - iii. Eligible Employees enrolled in Senior Management Life Insurance can continue coverage in Basic Dependent Life Insurance for up to two years. If earnings are not sufficient to cover required deductions, Eligible Employees with Senior Management Life Insurance can continue coverage during an approved leave of absence without pay for up to two years through direct payment of premiums. See Administrative Supplement II-C for detail.

- d. Expanded Dependent Life Insurance
  - i. If the Eligible Employee has Supplemental Life Insurance, and the Family Members remain eligible, Expanded Dependent Life Insurance coverage may be continued for up to two years. If earnings are not sufficient enough to cover required deductions, Eligible Employees may continue coverage through direct payment of premiums both Supplemental Life Insurance and Basic Dependent Life Insurance. See Administrative Supplement II-C for detail.
  - ii. Eligible Employees enrolled in Senior Management Life Insurance can continue coverage in Expanded Dependent Life Insurance for up to two years. If earnings are not sufficient to cover required deductions, Eligible Employees with Senior Management Life Insurance can continue coverage through direct payment of premiums. See Administrative Supplement II-C for detail.

B. **Special Leave**

1. **Military Leave** – In addition to the provisions stated in Section 1008.D.1., the following provisions also apply:
  - a. If an Eligible Employee is on approved military leave without pay, coverage may be continued for Basic Life Insurance, Core Life Insurance, and Senior Management Life Insurance at no cost to the Eligible Employee for an additional four months, beginning the first day of the Eligible Employee's leave. Coverage may be continued for Supplemental Life Insurance and Dependent Life Insurance for an additional six months. To continue coverage for Supplemental Life Insurance and Dependent Life Insurance beyond the additional six months, the Eligible Employee may apply for Conversion (Section 5011.A.) or Portability (Section 5011.B.).
2. **Sabbatical Leave/Qualified Leave for Professional Renewal** – In addition to the provisions stated in Section 1008.D.4., the following provisions also apply:

For Eligible Employees with Senior Management Life Insurance, coverage may be continued for up to two years as long as the Senior Management appointment is at least 100% and the Eligible Employee has earnings covered by a University-sponsored defined benefit plan or a plan elected through the Retirement Choice Program.
3. **Temporary Layoff** – In addition to the provisions stated in Section 1008.D.5., the following provisions also apply:

- a. Basic Dependent Life Insurance coverage may continue if the Eligible Employee continues Supplemental Life Insurance or has Basic Life Insurance.
  - b. Expanded Dependent Life Insurance coverage may continue if the Eligible Employee continues Supplemental Life Insurance.
4. **Furlough** – In addition to the provisions stated in Section 1008.D.5., the following provisions also apply:
- a. Basic Dependent Life Insurance coverage may continue if the Eligible Employee continues Supplemental Life Insurance or has Basic Life Insurance.
  - b. Expanded Dependent Life Insurance coverage may continue if the Eligible Employee continues Supplemental Life Insurance.
3. **Pending Approval for Waiver of Premium Due to Disability** – The provisions for Life Insurance differ from the requirements stated in Section 1008.D.7. See below for relevant provisions applicable only to Supplemental Life Insurance:

Supplemental Life Insurance coverage may be continued by the Eligible Employee under the following circumstances. The Eligible Employee may arrange direct payment of Gross Premiums for up to six months through the local Benefits or Accounting Office:

- a. When the Eligible Employee has filed a claim with the carrier for a premium waiver on the Supplemental Life Insurance plan and the claim is in process; and
- b. The Eligible Employee has been terminated from University employment.

Payment must be made in advance of each premium month.

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## 5009. Termination of Coverage

The Termination of Coverage requirements are set forth in Section 1009. of these Regulations. For additional provisions applicable to Life Insurance, see below:

- A. **Employee Initiated Disenrollment** – In addition to the provisions stated in Section 1009.A., the following provisions also apply:

An Eligible Employee may disenroll themselves and/or Family Members from the following Plans at any time:

- Senior Management Life Insurance



- Dependent Life Insurance
- Supplemental Life Insurance

Eligible Employees may cancel Senior Management Life at any time by submitting a cancellation form. Individuals who cancel coverage may reapply for the University-paid Senior Management Life Insurance by providing Evidence of Insurability. The Eligible Employee must provide the information required by the carrier. The carrier may approve or deny the Evidence of Insurability.

Eligible Employees may cancel Supplemental Life Insurance and/or Dependent Life Insurance or reduce the amount of coverage at any time by submitting a cancellation or change form. An Eligible Employee who cancels coverage may reenroll only during a new PIE or at other times as described in Section 5004.B.

Eligible Employees may terminate their Supplemental Life Insurance upon enrolling in the University-paid Senior Management Life Insurance.

Eligible Employees may not terminate Basic Life Insurance or Core Life Insurance.

C. **Dependent Life Insurance Only: Coverage ends on the earliest of the following dates:**

1. Basic Dependent Life Insurance plan: the day the Eligible Employee's Basic Life Insurance terminates, if the Eligible Employee is not enrolled in Supplemental Life Insurance;
2. Basic Dependent Life Insurance plan: the day the Eligible Employee's Supplemental Life Insurance terminates<sup>4</sup> if the Eligible Employee is not covered by Basic Life Insurance;
3. Expanded Dependent Life Insurance plan: the day the Eligible Employee's Senior Management Life Insurance terminates, if the Eligible Employee is not enrolled in Supplemental Life Insurance;
4. Expanded Dependent Life Insurance plan: the day the Eligible Employee's Supplemental Life Insurance terminates if the Eligible Employee is not covered by Senior Management Life Insurance;

D. **Indefinite Layoff** – The provisions for Life Insurance differ from the requirements stated in Section 1009.G. See below for relevant provisions:

1. Basic Life Insurance, Core Life Insurance, and Senior Management Life Insurance – Treated as Termination of Employment

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<sup>4</sup> If Supplemental Life Insurance terminates due to the Eligible Employee's death, dependent group life insurance may be continued for up to six months after the death. The Family Member(s) must arrange direct payment of the premiums to the local Benefits or Accounting Office. These arrangements must be made at the beginning of the six-month period. Payment must be made in advance of each premium month.

2. Supplemental Life Insurance – Coverage may continue for up to four calendar months after the month the layoff begins. The Eligible Employee must arrange continuation and direct payment of Gross Premiums through the local Benefits or Accounting Office. These arrangements must be made in advance. Payment must be made in advance of each premium month.
3. Dependent Life Insurance – Coverage may continue for up to four calendar months after the month the layoff begins, as follows:
  - a. Basic Dependent Life Insurance coverage may continue if the Eligible Employee continues Supplemental Life Insurance or has Basic Life Insurance.
  - b. Expanded Dependent Life Insurance coverage may continue if the Eligible Employee continues Supplemental Life Insurance.

The Eligible Employee must arrange continuation and direct payment of Gross Premiums through the local Benefits or Accounting Office. These arrangements must be made in advance. Payment must be made in advance of each premium month.

E. **Reduction in Senior Management Appointment Below 100%** – A reduction in appointment below 100% time without a Break in Service ends an Eligible Employee's Senior Management Life Insurance coverage as of the last day of the pay period in which the Employee had an eligible appointment. Employees will not be covered again until they return to Pay Status as Eligible Employees (Part II.1.A., Administrative Supplement II-A, and Section 1002.A.)

F. **Loss of Eligible Family Member Status** – In addition to the provisions stated in Section 1009.L., the following provisions also apply only to Dependent Life Insurance:

The Eligible Employee may not continue to cover a Family Member who loses eligibility. Eligible Employees enrolled in the Basic Dependent Life Insurance plan must complete a form to cancel coverage when the last Family Member loses eligibility.

Eligible Employees enrolled in the Expanded Dependent Life Insurance plan must complete a form to cancel coverage or transfer to the child(ren)-only plan when the spouse/domestic partner loses eligibility. When the last Family Member loses eligibility, Eligible Employees must complete a form to cancel coverage.

The University will not refund premiums paid after the date the Eligible Employee should have filed a form to cancel or change coverage.

1. **Divorce/Legal Separation/Annulment** – Eligibility stops at the end of the month in which the divorce/legal separation/annulment is final.

2. **Ineligible Adult Dependent Relative/Domestic Partner** – Adult Dependent Relatives are not eligible to be covered under Dependent Life Insurance. Eligibility of a domestic partner stops at the end of the month in which the individual ceases to meet any one of the eligibility requirements described in Part II.1.C.
  3. **Overage/Ineligible Child or Grandchild or Step-Grandchild** – Eligibility stops at the end of the month in which the child reaches age 26 (18 for a Legal Ward) or ceases to meet any one of the eligibility requirements (described in Part II.1.C.). This age provision does not apply to qualifying disabled children.
  4. **Marriage of Eligible Grandchild or Step-Grandchild or Declaration of Emancipation by a Minor Child** – Eligibility stops at the end of the month in which the grandchild marries or a declaration of emancipation becomes effective.
  5. **Family Member Becomes Eligible Employee** – Eligibility for Dependent Life Insurance stops on the day the eligible Family Member's enrollment in Supplemental Life Insurance is effective. The Family Member must be disenrolled.
- G. **Insufficient Earnings** – The provisions for Supplement Life Insurance and Dependent Life Insurance are the same as stated in Section 1009.J. The provisions for Basic Life Insurance and Senior Management Life Insurance differ from the requirements stated in Section 1009.J. See below for relevant provisions:
- Basic Life Insurance and Senior Management Life Insurance coverage ends on the last day of the pay period before a period without earnings covered by a University-sponsored defined benefit plan or a plan elected through the Retirement Choice Program.
- Eligible Employees may not continue coverage through direct payment of premiums for Basic Life Insurance, Core Life Insurance, or Senior Management Life Insurance.
- H. **Termination of Employment or Senior Management Appointment** – In addition to the provisions stated in Section 1009.D., the following provision also applies only to Senior Management Life Insurance:
- Senior Management Life Insurance Coverage ends on the last day of the last eligible pay period for which the premiums are paid through the University, unless the Eligible Employee converts to an individual plan.
- I. **Cancellation of Coverage/Salary Reduction Agreement** – The provision applies to Senior Management Life Insurance, Dependent Life Insurance, and Supplemental Life Insurance. This provision does not apply to Basic Life Insurance and Core Life Insurance.

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## 5010. Continued Group Coverage (COBRA)

Does not apply.

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## 5011. Conversion and Portability

The Conversion and Portability requirements are set forth in Section 1011. of these Regulations, subject to limitations in the insurance policies. For additional provisions applicable to Life Insurance, see below:

### A. **Conversion**

1. The carrier must receive the conversion application and the required premium within 31 days of the date the group coverage ends.
2. Basic Life Insurance and Core Life Insurance – If the coverage is reduced because the Eligible Employee moves from Basic Life Insurance to Core Life Insurance, the difference in amount may be converted.

Supplemental Life Insurance – The carrier must receive the conversion application and the required premium within 31 days of the date the group coverage ends.

3. Dependent Life Insurance
  - a. Conversion is not available if Dependent Life Insurance coverage is lost due to the Family Member's enrollment in Supplemental Life Insurance.
  - b. Family members may convert to an individual plan unless they are eligible as noted in Section 5008.B.5.

- B. **Portability** – The Eligible Employee may port their Supplemental Life Insurance and Dependent Life Insurance coverage upon meeting the carrier's requirements.

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## 5012. Beneficiaries

The following provisions apply only to Basic Life Insurance, Core Life Insurance, Senior Management Life Insurance, and Supplemental Life Insurance:

Eligible Employees may name their beneficiaries at any time online (AtYourServiceOnline.ucop.edu) or by completing the proper University form. If no beneficiary is named, benefits are payable to the person(s) in the first of the following categories with a survivor – the Eligible Employee's:

- A. Legal spouse or eligible domestic partner<sup>5</sup>
- B. Biological or adopted children or children for whom the Eligible Employee is legal guardian (in equal shares);
- C. Parents (in equal shares);
- D. Brothers and sisters (in equal shares); or
- E. Estate.

The following provisions apply only to Dependent Life Insurance:

Except for spouse/domestic partner benefits under Expanded Dependent Life Insurance coverage, beneficiaries are not named. Payment is as follows:

- A. For death of the Eligible Employee's legal spouse/domestic partner, to the person(s) in the first of the following categories with a survivor:

Expanded Coverage

Basic Coverage

- |   |                      |
|---|----------------------|
| 1. The beneficiary named by the Eligible Employee;  | 1. Not applicable;   |
| 2. The Eligible Employee;   | 2. Same as expanded; |
| 3. The spouse's biological or adopted children or children for whom the spouse is legal guardian (in equal shares); | 3. Same as expanded; |
| 4. Spouse's parents (in equal shares);  | 4. Same as expanded; |
| 5. The spouse's brothers and sisters (in equal shares) or;  | 5. Same as expanded; |
| 6. The estate.  | 6. Same as expanded. |

- B. For death of the Eligible Employee's eligible child, to the first of the following categories with a survivor:

Expanded or Basic Coverage

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<sup>5</sup> For the purpose of Section 5012 of Basic Life, Core Life, Senior Management Life, and Supplemental Life Insurance, an "eligible domestic partner" is defined as in Article 2.18 of the UCRS Plan Document, however without any requirement for a specified duration of the partnership prior to eligibility.

1. The Eligible Employee;
2. The child's parent;
3. The child's brothers and sisters (in equal shares);
4. The child's estate.

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## 5013. Assignment

At any time, Eligible Employees may assign their rights in the University-paid Basic Life Insurance, Core Life Insurance, Senior Management Life Insurance, and Supplemental Life Insurance to another person or trustee or a viatical settlement company. Assignments are limited to gift or value assignments and, once made, are irrevocable. Collateral assignments are excluded.

Assignment does not apply to Dependent Life Insurance.

## 6000. ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

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### 6001. Definition

University-sponsored Accidental Death & Dismemberment Insurance (AD&D) provides group term accident insurance for Eligible Employees and their eligible Family Members. (See Part IV for Annuitant eligibility.)

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### 6002. Eligibility

The Eligibility requirements are set forth in Part II.1.A. and Administrative II-A for Employees and Part II.1.C. for Family Members of these Regulations.

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### 6003. Period of Initial Eligibility (PIE)

Does not apply. Eligible Employees may enroll or change coverage at any time.

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### 6004. Enrollment

The Enrollment requirements are set forth in Section 1004. of these Regulations. For additional provisions related only to AD&D Insurance, see below:

- A. **Enrolling in Coverage** – The provisions for AD&D differ from the requirements stated in Section 1004.B. See below for relevant provisions:

Eligible Employees may enroll themselves and eligible Family Members in AD&D at any time.

- B. **Opting Out of Plans**

1. **Opting Out of Plans** – Eligible Employees may opt out of AD&D Insurance coverage for themselves and/or eligible Family Members at any time. Eligible Employees may reenroll themselves and eligible Family Members at any time.
- 

### 6005. Effective Date

The Enrollment/Disenrollment requirements are set forth in Section 1005. of these Regulations. For additional provisions related only to AD&D Insurance, see below:

If the Eligible Employee is enrolled in the Modified Family Plan (as defined in the Plan Booklet), newly eligible children are covered on the date they become eligible; the

Eligible Employee must transfer to the Family Plan (as defined in the Plan Booklet) to cover a spouse or domestic partner. The effective date of any coverage is subject to the exceptions listed below.

- A. **Period of Initial Eligibility** – Does not apply.
- B. **Open Enrollment Period** – Does not apply.
- C. **Deferred Effective Date** – Does not apply.
- D. **Exceptions** – If any of the exceptions below applies, the effective date of coverage for the Eligible Employee and all Family Members is deferred as noted.
  - 1. **Leave for Health Reasons** – New or Increased Coverage for an Eligible Employee on paid or unpaid leave for health reasons on the normal effective date begins on the day following the first full day actively-at-work, based on the Eligible Employee's normally scheduled work day. Paid leave includes, but is not limited to, sick pay, vacation pay, salary continuance, etc.  
  
This rule also applies to newly hired Eligible Employees who have not yet reported to work for health reasons.
  - 2. **Leave at the Beginning of an Appointment** – If an Eligible Employee's appointment begins by being placed on a leave without pay, the effective date of coverage is deferred until the Eligible Employee is placed on normal Pay Status for that appointment.
  - 3. **Hospitalized Family Members**
    - a. The Eligible Employee's newborn, biological child is covered from the date of birth, provided the Eligible Employee is enrolled in a plan covering children and the child's coverage effective date is not earlier than the Eligible Employee's coverage effective date.
    - b. New or Increased Coverage for any other Family Member who is hospitalized on the normal effective date begins on the day after the Family Member is discharged from the hospital.

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## 6006. University Contribution

There is no University contribution. The University Contribution requirements are set forth in Section 1006. of these Regulations.

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## 6007. Premiums



Premiums for AD&D Insurance are paid in advance by payroll deduction. The Premium requirements are set forth in Section 1007. of these Regulations.

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## 6008. Duration of Coverage

The Duration of Coverage requirements are set forth in Section 1008. of these Regulations. For additional provisions related only to AD&D Insurance, see below:

A. **Special Leave**

1. **Military Leave** – In addition to the provisions stated in Section 1008.C., the following provisions also apply:

Coverage may be continued for AD&D Insurance for an additional 31 days. To continue coverage beyond the additional 31 days, the Eligible Employee may apply for Conversion (Section 6011.).

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## 6009. Termination of Coverage

The Termination of Coverage requirements are set forth in Section 1009. of these Regulations. For additional provisions related only to AD&D Insurance, see below:

- A. **Employee Initiated Disenrollment** – Eligible Employees may cancel AD&D and/or delete eligible Family Members from the plan at any time.

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## 6010. Continued Group Coverage (COBRA)

Does not apply.

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## 6011. Conversion & Portability

The Conversion & Portability requirements are set forth in Section 1011. of these Regulations. For additional provisions related only to AD&D Insurance, see below:

- A. **Conversion** – AD&D Insurance may not be converted to an individual plan.
- B. **Portability** – AD&D Insurance may be ported to an individual plan. A separate group AD&D Insurance plan is available to University Eligible Annuitants instead of a ported policy. Eligible Annuitants electing this coverage pay AD&D Insurance premiums directly to the carrier annually. This separate group plan does not allow coverage of children of Eligible Annuitants.

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## 6012. Beneficiaries

- A. Eligible Employees may name beneficiaries at any time online (AtYourServiceOnline.ucop.edu) or by completing the proper University form. If no beneficiary is named, benefits are payable to the person(s) in the first of the following categories with a survivor – the Eligible Employee's:
2. Legal spouse or eligible domestic partner<sup>6</sup>;
  3. Child or children of deceased child shall take the share of such child by representation;
  4. Parent or parents;
  5. Brothers and sisters;
  6. Executors and administrators.
- B. If either Family Plans are selected, the Eligible Employee will be the beneficiary of covered dependents for loss of life. If the Eligible Employee is not living at the date of death of the covered dependent, payment will be made:
1. In the case of the death of spouse/domestic partner, to the spouse/domestic partner's executors or administrator
  2. In the case of the death of a child, to the first surviving class of the following classes of successive preference beneficiaries; the child's:
    - a. Parent
    - b. Brothers and sisters
    - c. Executors or administrators

All other indemnities are payable to the person suffering the loss.

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<sup>6</sup> For the purpose of Section 6012 of AD&D, an "eligible domestic partner" is defined as in Article 2.18 of the UCRS Plan Document, however without any requirement for a specified duration of the partnership prior to eligibility.

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## 7000. DISABILITY INSURANCE PLANS

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### 7001. Definition

**Basic Disability** – University-sponsored and University-paid Disability Insurance provides partial replacement of eligible University earnings lost due to disability not related to employment.

**Voluntary Short-Term Disability** – Employee-paid Disability Insurance provides partial replacement of eligible University earnings lost due to disability for up to six months. It supplements Basic Disability Insurance. It supplements Workers' Compensation benefits only if the Eligible Employee's sick leave and any extended sick leave benefits are exhausted.

**Voluntary Long-Term Disability** – Employee-paid Disability Insurance provides partial replacement of eligible University earnings lost due to disability after six months, up to Social Security Normal Retirement Age. The plan offers long-term benefits in cases of catastrophic injury or illness, or permanently disabling conditions.

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### 7002. Eligibility

The Eligibility requirements are set forth in Part II.1.A. and Administrative II-A for Employees and Part II.1.C. for Family Members of these Regulations. For additional provisions related only to Disability Insurance, see below:

- A. **Family Members** are not covered.

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### 7003. Period of Initial Eligibility (PIE)

PIE does not apply to Basic Disability. Basic Disability Insurance begins automatically the day the Employee becomes eligible, unless one of the exceptions in Section 7005. applies.

PIE requirements do apply to Voluntary Short-Term Disability and Voluntary Long-Term Disability, and are set forth in Section 1003. of these Regulations. For additional provisions related only to Voluntary Short-term Disability and Voluntary Long-Term Disability, see below:

- A. **Definition** – The provisions for Disability Insurance differ from the requirements stated in Section 1003.A. See below for relevant provisions:

The PIE allows enrollment in Voluntary Short-Term Disability and Voluntary Long-Term Disability without proof of insurability when an Employee is first eligible and under other circumstances as described in Part II.1.A.

- B. **Added Period of Initial Eligibility** – Under the following circumstances a PIE is not allowed:
1. **ILOC** (Section 1003.D.7.)
- C. **Acquisition of Eligible Family Member** does not apply. (Section 1003.D.13.)

## 7004. Enrollment

The Enrollment requirements are set forth in Section 1004 of these Regulations. For additional provisions related only to Disability Insurance, see below:

- A. **Automatic Enrollment** – Enrollment is automatic for Basic Disability Insurance.
- B. **Enrolling in Coverage** – Eligible Employees may apply for Voluntary Short-Term Disability and Voluntary Long-Term Disability:
1. **PIE** – During a PIE as described in Section 1003. and Section 7003. Once the enrollment transaction is processed, changes to increase coverage cannot be made until:
    - a. An Evidence of Insurability application is approved (Section 7004.B.3.).
  2. **OEP** – During an OEP in which the Plan Administrator allows Eligible Employees to enroll without Evidence of Insurability. OEPs for Voluntary Short-Term Disability and Voluntary Long-Term Disability are not held annually.
  3. **Evidence of Insurability** – At any time with Evidence of Insurability. The Eligible Employee must provide the information required by the carrier. The carrier may approve or deny the Evidence of Insurability.
- C. **Re-Enrollment** – In addition to the provisions described in Section 1004.C., the following provisions also apply:

For Voluntary Short-Term Disability and Voluntary Long-Term Disability, an Eligible Employee cannot reenroll until the individual returns to Pay Status as an Eligible Employee if coverage lapsed. Eligible Employees will not be required to submit a Statement of Health to re-enroll in either Voluntary Short-Term Disability and/or Voluntary Long-Term Disability.

Eligible Employees with Voluntary Short-Term Disability who do not reenroll will only be covered by Basic Disability Insurance, which will begin automatically on the first day of Active Employment (as defined in the Disability Policy) on Pay Status in an eligible position.

**D. Opting Out of Plans**

1. **Opting Out of Automatic Enrollment** – An Eligible Employee may not opt out of Basic Disability Insurance.
2. **Opting Out of Plans** – An Eligible Employee may choose not to enroll in Voluntary Short-Term Disability and/or Voluntary Long-Term Disability Insurance.

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**7005. Effective Date**

The Effective Date requirements are set forth in Section 1005. of these Regulations. For additional provisions related only to Disability Insurance, see below:

The Effective Date of Coverage for Basic Disability, Voluntary Short-Term Disability, and Voluntary Long-Term Disability is the later of the first day on Pay Status as an Eligible Employee (Part II.1.A.), or the first full day of Active Employment, (as defined in the Disability Policy), if Active Employment is delayed due to injury or illness.

Additionally, the effective date of coverage for Disability Insurance is subject to the following rules:

- A. **Open Enrollment Period** – During an OEP, on the date announced by the Plan Administrator.
- B. **Evidence of Insurability** – Provided the carrier approves the application, if the appropriate enrollment transaction is processed within 31 days of the carrier's approval of the Evidence of Insurability application, coverage is effective the date of the approval. The carrier is under no obligation to accept enrollments processed more than 31 days after approval of the Evidence of Insurability application.
- C. **Exceptions** – If either of the exceptions below applies, the effective date of coverage is deferred as noted.
  7. **Leave for Health Reasons** – New or increased coverage for an Eligible Employee on paid or unpaid leave for health reasons on the normal effective date begins on the first full day of Active Employment, based on the Eligible Employee's normally scheduled work day. Paid leave includes, but is not limited to, sick pay, vacation pay, salary continuance, etc.

This rule also applies to newly hired Eligible Employees who have not yet reported to work for health reasons.
  8. **Leave at the Beginning of an Appointment** – The effective date of coverage is deferred until the first full day of Active Employment, based on the Eligible Employee's normally scheduled work day for that appointment.

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## 7006. University Contribution

The University provides Basic Disability coverage at no cost to Eligible Employees. Eligible Employees pay the full cost of Voluntary Short-Term Disability and Voluntary Long-Term Disability. The University Contribution requirements are set forth in Section 1006. of these Regulations.

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## 7007. Premiums

Premiums for Disability Insurance are paid in arrears. The Premium requirements are set forth in Section 1007. of these Regulations. For additional provisions affecting only Voluntary Short-Term Disability and Voluntary Long-Term Disability, see below:

- A. **Payment** – In addition to the provisions described in Section 1007.A., the following provisions also apply:

Premiums are based on the employee's monthly salary, age, retirement plan eligibility, and the level of coverage chosen (Voluntary Short-Term Disability only, Voluntary Long-Term Disability only, or both); benefits are based on actual eligible earnings. Premiums are waived while an Employee receives benefits, but are payable during the elimination period if the Employee is on eligible Pay Status.

- B. **Rate Changes** – In addition to the provisions described in Section 1007.B, the following provisions also apply:

Individual premiums are adjusted each January 1 based on the Eligible Employee's age, the employee's monthly salary, retirement plan eligibility, and the level of coverage chosen (Voluntary Short-Term Disability only, Voluntary Long-Term Disability only, or both).

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## 7008. Duration of Coverage

The Duration of Coverage requirements are set forth in Section 1008. of these Regulations. For additional provisions related only to Disability Insurance, see below:

- A. **Approved Leaves** – The provisions for Disability Insurance differ from the requirements stated in Section 1008.C. See below for relevant provisions:

1. **Leave without Pay** – Coverage under Basic Disability, Voluntary Short-Term Disability, and Voluntary Long-Term Disability does not continue while an Eligible Employee is on a Leave without Pay. This includes employees who have been appointed as Without Salary.

2. **Leave with Pay** – Coverage under Basic Disability, Voluntary Short-Term Disability, and Voluntary Long-Term Disability continues for up to two years during an approved leave for non-health reasons so long as the Eligible Employee's earnings are sufficient to cover required deductions. However, if the Eligible Employee's earnings are not sufficient to cover required deductions, the Eligible Employee will be allowed to continue coverage through Direct Payment of Premiums. See Administrative Supplement II-C for additional detail.

B. **Special Leaves**

1. **Military Leave** – In addition to the provisions stated in Section 1008.D.1., the following provisions also apply:

Coverage may be continued for Disability Insurance during the paid portion of the Eligible Employee's military leave and stops on the Eligible Employee's last day before the unpaid portion of leave starts. An Eligible Employee cannot continue coverage during unpaid military leave.

2. **Sabbatical Leave/Qualified Leave for Professional Renewal**
  - a. The provisions for Basic Disability are the same as stated in Section 1008.D.4.
  - b. The provisions for Voluntary Short-Term Disability and Voluntary Long-Term Disability differ from the requirements stated in Section 1008.D.4. See below for relevant provisions:

Eligible Employees on paid (or unpaid) Sabbatical/Qualified Leave for Professional Renewal may elect to continue coverage under a special rider for up to two years on a direct pay basis. Eligible Employees must elect this coverage and pay the premiums before the approved Sabbatical/Qualified Leave begins.
3. **Temporary Layoff** – The provisions for Disability Insurance differ from the requirements stated in Section 1008.D.5. See below for relevant provisions:

Temporary Layoff is treated as termination of employment.

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## 7009. Termination of Coverage

The Termination of Coverage requirements are set forth in Section 1009. of these Regulations. For additional provisions related only to Disability Insurance, see below:

- A. **Employee-Initiated Disenrollment** – In addition to the provisions stated in Section 1009.A., the following provisions also apply:
  1. An Eligible Employee may not disenroll from Basic Disability Insurance.

2. An Eligible Employee may disenroll from Voluntary Short-Term Disability and/or Voluntary Long-Term Disability by submitting a cancellation or change form.

- B. **During an Approved Leave for Non-Health Reasons** – The provisions for Disability Insurance differ from the requirements stated in Section 1009.B. See below for relevant provisions:

Coverage ends on the earliest of the following dates:

1. Coverage ends for Basic Disability, Voluntary Short-Term Disability, and Voluntary Long-Term Disability on the last day of Active Employment before the Leave Without Pay begins, or
2. For an Eligible Employee on a Leave With Pay, coverage ends when the Eligible Employee's earnings are not sufficient to cover required deductions. However, if the Eligible Employee continues coverage through Direct Payment of Premiums, coverage continues as long as the employee meets the requirements of direct payment. See Administrative Supplement II-C for additional detail.
3. The end of two years.

- C. **Loss of Eligible Family Member Status** – Section 1009.L. does not apply.

- D. **Termination of Employment** – The provisions for Disability Insurance differ from the requirements stated in Section 1009.D. See below for relevant provisions:

Coverage ends on the last day of Active Employment before the termination or retirement date. For Eligible Employees who have Voluntary Short-Term Disability and/or Voluntary Long-Term Disability, an Eligible Employee who will continue on Pay Status beyond the last day of Active Employment must complete a cancellation form to stop premium deductions.

- E. **Insufficient Earnings** – The provisions for Disability Insurance differ from the requirements stated in Section 1009.J. See below for relevant provisions:

1. Basic Disability Insurance coverage ends on the last day of Active Employment before a pay period without earnings.
2. Voluntary Short-Term Disability or Voluntary Long-Term Disability – If premiums cannot be taken from pay for two consecutive months, coverage lapses retroactively to the last day of Active Employment before the first missed premium. However, if the Eligible Employee continues coverage through Direct Payment of Premiums, coverage continues as long as the employee meets the requirements of direct payment. See Administrative Supplement II-C for additional detail.



- F. **Misuse of Plan** – An Eligible Employee who is disenrolled due to Misuse of the plan is not eligible to reenroll by providing Evidence of Insurability.

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## 7010. Continued Group Coverage (COBRA)

Does not apply.

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## 7011. Conversion and Portability

Does not apply.

## 8000. LEGAL PLAN

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### 8001. Definition

The University-sponsored and Employee-paid group Legal Plan provides basic legal services for Eligible Employees and their eligible Family Members. (See Part IV for Annuitant eligibility.)

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### 8002. Eligibility

The Eligibility requirements are set forth in Part II.1.A. and Administrative Supplement II-A for Employees and Part II.1.C. for Family Members of these Regulations.

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### 8003. Period of Initial Eligibility (PIE)

The PIE requirements are set forth in Section 1003. of these Regulations. For additional provisions related only to Legal Plans, see below:

- A. **Added PIE** – Under the following circumstances there is an additional PIE.
    - 1. **Nonimmigrant Aliens and Other Employees** whose eligible Family Member(s) arrive in the United States after the Eligible Employee's PIE have a new PIE to enroll them in Legal Plan. The PIE begins the day the Family Member(s) arrive in the United States.
- 

### 8004. Enrollment

The Enrollment requirements are set forth in Section 1004. of these Regulations. For additional provisions related only to Legal Plans, see below:

- A. **Opting Out of Plans** – Eligible Employees may opt out of Legal Plan coverage for themselves and their eligible Family Members during a PIE as described in Section 1004. Once the Enrollment Transaction is processed (see Definitions), changes cannot be made until:
  - 1. A new PIE (Section 1003.); or
  - 2. An OEP (Section 1004.B.2.).

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## 8005. Effective Date

The Effective Date requirements are set forth in Section 1005. of these Regulations. For additional provisions related only to Legal Plans, see below:

- A. **Exceptions** – If any of the exceptions below applies, the effective date of coverage for the Eligible Employee and all Family Members is deferred as noted.
1. **Leave at the Beginning of an Appointment** – If an Eligible Employee’s appointment begins by being placed on a leave without pay, the effective date of coverage is deferred until the Eligible Employee is placed on normal Pay Status for that appointment.
  2. **Open Enrollment Period Action by Employee on a Leave without Pay** – If the employee has not continued coverage via direct pay, the effective date of coverage is deferred until the Eligible Employee is placed on normal Pay Status in an eligible appointment.

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## 8006. University Contribution

There is no University contribution for Legal Plan. The University Contribution requirements are set forth in Section 1006. of these Regulations.

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## 8007. Premiums

The Premium requirements are set forth in Section 1007. of these Regulations.

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## 8008. Duration of Coverage

The Duration of Coverage requirements are set forth in Section 1008. of these Regulations. For additional provisions related only to Legal Plans, see below:

- A. **Special Leave**
1. **Military Leave** – In addition to the provisions stated in Section 1008.D.1., the following provisions also apply:  
  
If an Eligible Employee is on an approved military leave without pay, coverage may continue Legal Plan for an additional six months, provided the Eligible Employee and/or eligible Family Member was enrolled in a plan at the beginning of the leave. To continue coverage in the Legal Plan beyond the additional six months, the Eligible Employee and/or Family Member may apply for Conversion (Sections 1011. and 8011.).

2. **Indefinite Layoff** – The following provision applies only to Legal Plan:

Coverage may continue for up to four calendar months after the month the layoff begins. The Eligible Employee must arrange continuation and direct payment of Gross Premiums through the local Benefits or Accounting Office. These arrangements must be made in advance. Payment must be made in advance of each premium month.

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## 8009. Termination of Coverage

The Termination of Coverage requirements are set forth in Section 1009. of these Regulations. For additional provisions related only to Legal Plans, see below:

- A. **Employee Initiated Disenrollment** – Eligible Employees may cancel Legal Plan coverage or delete a Family Member from the plan at any time by submitting a cancellation or change form.
- B. **Indefinite Layoff** – The provisions for Legal Plan differ from the requirements stated in Section 1009.G. See below for relevant provisions:

If the Eligible Employee has made prior arrangements to continue benefits and direct payment of Gross Premiums to the local Benefits or Accounting Office, coverage ends at the fifth month after the layoff.

Coverage will end if the Eligible Employee does not make prior arrangements to continue benefits and direct payment of Gross Premiums through the local Benefits or Accounting Office.

Coverage will end if the Eligible Employee fails to make premium payment in advance of each premium month.

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## 8010. Continued Group Coverage (COBRA)

Does not apply.

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## 8011. Conversion and Portability

The Conversion and Portability requirements are set forth in Section 1011. of these Regulations. For additional provisions related only to Legal Plans, see below:

- A. **Conversion** – Legal Plan may be converted to an individual plan.
- B. **Portability** – Legal Plan may not be ported to an individual plan.

## 9000. FLEXIBLE SPENDING ACCOUNTS

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### 9001. Definition

**DepCare FSA** – The University-sponsored Dependent Care Flexible Spending Account (DepCare FSA) provides a pre-tax spending account for covered dependent care expenses incurred by Eligible Employees for their eligible Dependents.

**Health FSA** – The University-sponsored Health Care Flexible Spending Account (Health FSA) provides a pre-tax spending account for covered health care expenses incurred by Eligible Employees for themselves and/or their eligible Family Members.

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### 9002. Eligibility

The Eligibility requirements are set forth in Part II.1.A. and Administrative II-A for Employees and Part II.1.C. for Family Members of these Regulations. For additional provisions related only to Flexible Spending Account, see below:

A. **Initial Eligibility for DepCare FSA**

1. A specific group in Appointment Type 4: Casual/Restricted Appointments is eligible to participate in the non-student UC-sponsored Dependent Care Flexible Spending Account (DepCare FSA) plan for faculty and staff Employees. This group includes Academic Student Employees (ASE) represented by the UAW and Graduate Student Researchers (GSR) who meet the eligibility requirements based on title code and appointment percentage (43.75% or more). The group is permitted to participate in the DepCare FSA under the collective bargaining agreement. Continuation of the program is subject to collective bargaining. (See Administrative Supplement II-F.)

B. **DepCare Eligible Dependents** – Eligible Employees may enroll in the DepCare FSA to cover expenses for Dependents as defined by Internal Revenue Code Sections 21 and 129. Eligible Dependents are:

1. **Spouse** – The Eligible Employee's legal spouse who is physically or mentally incapable of self-care (as defined by IRS regulations). If care is provided outside of the home, the spouse must live with the Eligible Employee for at least eight hours per day.
2. **Child** – A child under age 13 in the Eligible Employee's custody whom the Eligible Employee claims as a tax Dependent on his/her tax return.
3. **Other Dependents** – A Dependent (e.g., child age 13 or older, parent, sibling, in-law, domestic partner, etc.), who is physically or mentally incapable of self-care (as defined by IRS regulations) and is the Eligible Employee's Dependent for income tax purposes. If care is provided

outside the home, the Dependent must live with the Eligible Employee for at least eight hours per day.

- C. **Health FSA Eligible Dependents** – Eligible Employees may enroll in the Health FSA to cover expenses for themselves, their legal spouse, and eligible Dependents, as defined by the IRS.
1. For purposes of the Health FSA, a Dependent is an employee's:
    - a. Child(ren) up to age 26,
    - b. Spouse,
    - c. Domestic partner, if he or she is your tax dependent,
    - d. Registered domestic partner's children if the employee is considered their stepparent under state law, and/or
    - e. Tax dependent.

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## 9003. Period of Initial Eligibility (PIE)

The PIE requirements are set forth in Section 1004. of these Regulations. For additional provisions related only to Flexible Spending Accounts, see below:

- A. **Definition** – PIE allows enrollment in the Flexible Spending Account or the opportunity to change or cancel the salary reduction agreement when an Employee is first eligible and under other circumstances described in D. below.

Under the following circumstances, there is an additional PIE:

1. **Return from Leave Without Pay** – In addition to the provisions stated in Section 1003.D.3., the following provisions also apply:
  - a. Health FSA – If the approved leave without pay is a leave under the FMLA, the Eligible Employee may elect to continue coverage or cancel coverage. The appropriate form must be filed with the local Benefits or Accounting office at the beginning of the leave to confirm whether coverage will continue or cease during the leave. If the approved leave without pay is not an FMLA leave, coverage may be continued under COBRA.
2. **Return from Furlough/Temporary Layoff** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1003.D.4. See below for relevant provisions:

Eligible Employees on furlough or temporary layoff are treated as in Return from Leave Without Pay in Section 9003.A.1., above.

3. **ILOC** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1003.D.7. See below for relevant provisions:

See Loss of Eligible Dependent in Section 9003.A.6. for DepCare FSA, Loss of Eligible Family Member in Section 9003.A.8. for Health FSA, and Change in Employment Status in Section 9003.A.9 for both DepCare FSA and Health FSA.

4. **Return after Period of Ineligibility** – The provisions for Change in Appointment and Change in Average Weekly Hours of Service are the same as stated in Section 1003.D.10. However, the provisions for Change in Earnings differ from the requirements stated in Section 1003.D.10. See below for relevant provisions:

- a. **Change in Earnings** – If earnings are insufficient to cover the salary reduction amount, a partial contribution may be taken to the extent possible. Contributions automatically resume at the original level when earnings will cover the full salary reduction amount. Retroactive contributions will not be taken to cover periods of reduced contributions.

5. **Acquisition of Eligible Dependent – DepCare FSA** – Eligible Employees have a PIE when eligible Dependents are newly acquired through marriage, birth or adoption. The PIE begins with the date the Dependent first meets the eligibility requirements of a tax Dependent as defined by the IRS (IRC Sections 21 and 129).

6. **Loss of Eligible Dependent – DepCare FSA** – Eligible Employees have a PIE when a Dependent dies, in case of a divorce or when a Dependent child turns age 13. The PIE begins with the date of death, divorce or the child's 13<sup>th</sup> birthday. In the case of the child turning age 13, a PIE is available to reduce the salary reduction amount or cancel the coverage when consistent with the change in status. For example, if an only child turns 13, cancellation of coverage is consistent.

7. **Acquisition of an Eligible Family Member – Health FSA** – The provisions in Section 1003.D.13. differ from the requirements stated here. See below for relevant provisions:

Eligible Employees have a PIE when newly eligible Family Members are acquired through marriage, birth, or adoption. The PIE begins with the date the Family Member first meets the eligibility requirements described in Part II.1.C.

8. **Loss of Eligible Family Member** – Eligible Employees have a PIE when a Family Member dies or in case of a divorce or when a Dependent loses

eligibility. The PIE begins with the date of death or divorce or the date a Dependent loses eligibility. They have a PIE to change plans or reduce coverage per the restrictions in Section 1003.D.18.

9. **Change in Employment Status** – Eligible Employees have a PIE when they or their spouse or eligible Dependent have a change in employment status that results in the gain or loss of benefits eligibility. The PIE begins on the effective date of the change in employment status.

An Eligible Employee will have a PIE to enroll in coverage if the Eligible Employee's appointment changes from an ineligible position to a position eligible for coverage by satisfying the employment requirements described in Part II.1.A. and Administrative Supplement II-A. If there is a break in service before the appointment change, see Rehire (Section 1003.D.6.).

An Eligible Employee who was provided a PIE when they were appointed as a BELI 2, 3 or 4 and is reappointed as a BELI 1 (as described in Administrative Supplement II-A), will have an added PIE.

10. **Change in Cost or Coverage – DepCare FSA** – Eligible Employees have a PIE when the cost of dependent care changes, whether increasing or decreasing, except if the cost is increasing and the caregiver is a relative by blood or marriage. The PIE begins on the first day of the new cost period.

Eligible Employees also have a PIE when there is a change in dependent care coverage such as but not limited to a change in the amount of time care is needed due to summer vacation or school beginning or a change in the child care provider. The PIE begins on the first day of the change in coverage.

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## 9004. Enrollment

The Enrollment requirements are set forth in Section 1004. of these Regulations. For additional provisions related only to Flexible Spending Accounts, see below:

- A. **Enrolling in Coverage** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1004.A. See below for relevant provisions:
1. **Coverage Changes** – Enrollment is required for each plan year. Plan participation expires at the end of each plan year. Changes to the salary reduction agreement during the plan year may only be made if a change in status occurs (see Section 1003.D.).
  2. **Enrolling** – Eligible Employees may enroll in the DepCare FSA, change their salary reduction agreement or cancel participation/elect not to participate:



- a. **PIE** – During a Period of Initial Eligibility as described in Section 1003. Once the salary reduction agreement is processed, changes cannot be made until:
    - i. There is a new PIE (Sections 1003. and 9003.A.); or
    - ii. There is an OEP (9004.A.b. below).
  - b. **OEP** – During the annual Open Enrollment Period announced by the Plan Administrator. An OEP may allow Eligible Employees to enroll for the first time or reenroll.
- B. **Re-enrollment** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1004.C. See below for relevant provisions:
1. **Return from Leave Without Pay** – Employees' contributions stop when they begin an approved leave without pay. For those returning from an FMLA leave, contributions will be determined by the pre-FMLA leave election if coverage was continued. When Employees return to Pay Status, plan reenrollment depends on the length of the approved leave without pay. See Section 9004.B.3. below:
  2. **Return from Furlough/Temporary Layoff** – Employees on furlough or temporary layoff are treated as in Section 9004.B.1. above.
  3. **Rehire** – Employees who are rehired have a new PIE beginning on the date of rehire in an eligible position. The plan reenrollment depends on the length of the Break in Service. See below:
    - a. **Leave, Furlough/Temporary Layoff, or Rehire is Less than 120 Days** – Enrollment is limited to the annual salary reduction in effect at the time of termination. However, if Employees have a change in family or employment status during the Break in Service, they may make a change in coverage on account of and consistent with the change in status.
    - b. **Leave, Furlough/Temporary Layoff, or Rehire is 120 Days or More** – Employees are treated as newly Eligible Employees.
- C. **Enrollment in Duplicate University-Sponsored Coverage** does not apply. The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1004.F. See below for relevant provisions:

1. **DepCare FSA** – Internal Revenue Code limits the total amount of the salary reduction agreement per family even if both the Eligible Employee and spouse are University Employees, or if a non-UC spouse is also enrolled in a dependent care reimbursement account plan.

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## 9005. Effective Date

The Effective Date requirements are set forth in Section 1005. of these Regulations. For additional provisions related only to Flexible Spending Accounts, see below:

Coverage begins on the date listed below:

- A. **PIE** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1005.A. See below for relevant provisions:

If the salary reduction agreement is processed during the PIE, coverage is effective the first of the month following enrollment, subject to payroll deadlines.

A form to cancel the salary reduction agreement must be submitted to the local Benefits or Accounting Office. The salary reduction will stop with the next normally scheduled pay date, subject to payroll deadlines. Coverage stops the last day of the pay period for which a contribution was made.

- B. **OEP** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1005.A. See below for relevant provisions:

The date announced by the Plan Administrator, normally January 1 of the following year.

- C. **Exceptions** – If the exception below applies, the effective date of coverage and contributions are deferred as noted.

1. **Leave at the Beginning of an Appointment** – If an Employee's appointment begins by being placed on a leave without pay, the effective date of coverage and contributions is deferred until the Employee is placed on normal Pay Status for that appointment.

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## 9006. University Contribution

The University does not contribute toward the DepCare FSA or Health FSA.

The University Contribution requirements are set forth in Section 1006. of these Regulations.

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## 9007. Premiums

The Premiums requirements are set forth in Section 1007. of these Regulations. For additional provisions related only to Flexible Spending Accounts, see below:

- A. **Payment** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1007.A. See below for relevant provisions:

Contributions are made to the plan through payroll deduction based on the amount specified in the salary reduction agreement. Contributions are deposited in Eligible Employees' individual Flexible Spending Accounts.

- B. **Rate/Salary Reduction Changes** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1007.B. See below for relevant provisions:

When plan participation is cancelled or the salary reduction agreement is changed, any adjustment in the salary reduction amount will be effective on the first of the following month, subject to payroll deadlines.

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## 9008. Duration of Coverage

The Duration of Coverage requirements are set forth in Section 1008. of these Regulations. For additional provisions related only to Flexible Spending Accounts, see below:

- A. **Approved Leave** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1008.C. See below for relevant provisions:

1. **Leave Without Pay**

- a. DepCare FSA – Contributions and coverage stops during a leave without pay. Claims may be made for eligible expenses incurred before coverage ends. Upon return to active Pay Status in an eligible position there is a PIE to reenroll.
- b. Health FSA – Contributions and coverage stop during a leave without pay. If the leave is a FMLA leave, coverage may be continued during the leave by special arrangement at the beginning of the leave. If the leave is not a FMLA leave, COBRA may be elected so that coverage continues. If coverage is continued, claims may be made for eligible expenses incurred during the leave without pay.

If coverage terminates at the beginning of the leave without pay, eligible expenses incurred during the leave will not be covered.

2. **Leave With Pay** – Contributions continue at the same rate unless the salary reduction agreement is modified during a PIE or, if earnings are reduced and do not cover the elected contribution amount, contributions

may continue at a reduced rate to the extent possible. If the salary reduction agreement is cancelled during a PIE, see Section 9008.F. below. Claims may be made for eligible expenses incurred during the leave with pay.

- B. **Military Leave** – In addition to the provisions stated in Section 1008.D.1., the following provisions also apply:
- Contributions and coverage stop when an approved leave without pay begins.
- C. **Sabbatical Leave/Qualified Leave for Professional Renewal** – See 9008.A.2. above.
- D. **Furlough** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1008.D.5. See below for relevant provisions:
- Furlough is treated as a leave without pay.
- E. **Insufficient Earnings** – The following provisions apply only to Flexible Spending Accounts:
1. DepCare FSA – If earnings do not cover the salary reduction amount, contributions may continue at a reduced rate to the extent possible. Contributions automatically resume at the original level when earnings will cover the full salary reduction amount. Retroactive contributions will not be taken to cover periods of reduced contributions.
  2. Health FSA – If earnings do not cover the salary reduction amount, contributions are suspended. Contributions automatically resume at the original level when earnings will cover the full salary reduction amount. Retroactive contributions will not be taken to cover periods without contributions.

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## 9009. Termination of Coverage

The Termination of Coverage requirements are set forth in Section 1009. of these Regulations. For additional provisions related only to Flexible Spending Accounts, see below:

- A. **During an Approved Leave with Pay** – The provisions for Flexible Spending Accounts differ from the requirements stated in Section 1009.B. See below for relevant provisions:
- Coverage ends on the last day of the month for which the Eligible Employee was eligible for benefits and a contribution was made.
- B. **Cancellation of Coverage/Contribution Election** – The following provisions apply only to Flexible Spending Accounts:

Coverage ends on the last day of the month in which a contribution was made. Claims for eligible expenses incurred through this date may be filed until the final filing date for the specific plan year.

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## 9010. Continued Group Coverage (COBRA)

The COBRA requirements are applicable only to Health FSA, and do not apply to DepCare FSA. The provisions are set forth in Section 1009. of these Regulations.

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## 9011. Conversion and Portability

Does not apply.

## **9100. TAX SAVINGS ON INSURANCE PREMIUMS (TIP)**

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### **9101. Definition**

The University-sponsored Tax Savings on Insurance Premiums (TIP) plan enables Eligible Employees to pay certain insurance plan premiums on a pretax, salary reduction basis. Any University-sponsored health plan which requires a monthly Employee contribution is a TIP-eligible plan.

See Appendix A of the 125 Plan for provisions governing TIP.

## **10000. AFFINITY BENEFITS**

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### **10001. Definition**

Automobile and Homeowner/Renter Insurance – Provides access to individually underwritten coverage for cars, boats, motorcycles, homes, and apartments. This is not group insurance.

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### **10002. Eligibility**

The Eligibility requirements are set forth in Part II.1.A. and Administrative II-A for Employees and Part II.1. C. for Family Members of these Regulations.

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### **10003. Cost of Coverage**

UC provides access to automobile, homeowner, and renter insurance. Premiums are individually determined. Eligible Employees must contact the carrier directly for premium information. Premiums may be paid through payroll deduction.

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### **10004. Duration of Coverage**

Duration of UC Employment to the end of the policy contract year.

## APPENDIX

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### University of California Section 125 Plan



UC Section 125 Plan  
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Amend One 125 Plan  
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