

Group Insurance Eligibility Factsheet for Retirees and Eligible Family Members

This factsheet describes UC’s general rules about enrollment of eligible family members in the UC-sponsored retiree group insurance plans: medical, dental, legal, vision and AD&D.

This factsheet describes eligibility only. The information in this factsheet is subject to change. The At Your Service website contains detailed information about UC-sponsored plans including UC plan summaries, plan website links, telephone numbers and plan costs (atyourservice.ucop.edu; select “Health

and Welfare Benefits”). UC retirees from Lawrence Livermore National Laboratory and Los Alamos National Laboratory are not eligible for UC-sponsored plans and this factsheet does not apply.

For information about continuing medical, dental, legal, vision and AD&D plan coverage into retirement, see the *UC Retirement Handbook*. For detailed information about Medicare, see UC’s *Medicare Factsheet*.

Please refer to the *Benefits for Domestic Partners* booklet, if applicable to you.

Table of Contents

Eligible Family Members.....	2	Enrollment.....	6
– Eligible Adult	2	– When to Enroll	6
– Eligible Child	3	– Open Enrollment Options.....	7
Important Rules.....	4	– Legal Plan	7
– Ineligible Family Member Coverage	4	– Vision Plan.....	7
– Tax Treatment of Dependency Coverage.....	4	– Loss of Family Member’s Eligibility	7
– No Duplicate UC Coverage	5	– Verification of Family Member Eligibility	7
– No Exclusion for Pre-existing Conditions.....	5	After Enrollment	8
– Rehired Retirees with Medicare	5	– Confirm Your Choices.....	8
– Medicare	5	– Keep Your Records Updated.....	8
		Questions and Answers	8
		For More Information.....	14

Eligible Family Members

Your family members are eligible for medical, dental, vision, legal and/or AD&D plan coverage as long as they meet the requirements shown in the chart below and on page 3.

Eligible Adult

In addition to yourself, you may have only one eligible adult family member enrolled in your UC-sponsored plans:

- a legal spouse, **or**
- a domestic partner who meets the requirements noted in the chart below.

Eligible Adult Family Members

Family Member	Eligibility	Must be	Medical	Dental	Legal	AD&D	Vision
Legal spouse ^{1,2}	Eligible	Legally married	•	•	•	•	•
Domestic partner ¹ (same-sex/opposite-sex)	Eligible	<ul style="list-style-type: none"> • for opposite sex domestic partners, either the retiree or the domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age • registered with the State of California or a substantially equivalent same-sex partnership established in another jurisdiction. A domestic partnership that has not been registered with the State of California must meet the following criteria to be a domestic partner for UC benefits purposes: <ul style="list-style-type: none"> – parties must be each other's sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely. – neither party may be legally married or be a partner in another domestic partnership – parties must not be related to each other by blood to a degree that would prohibit legal marriage in the State of California – both parties must be at least 18 years old and capable of consenting to the relationship – both parties must be financially interdependent – parties must share a common residence 	•	•	•	•	•

1 The surviving family members who are eligible for continuation of health and welfare benefits cannot enroll a spouse or domestic partner (or the spouse or domestic partner's children/grandchildren).
 2 A legally separated spouse is not eligible for UC-sponsored coverage.

Eligible Child

You may enroll eligible children shown in the chart below.

Note that your disabled child aged 26 or older is still considered to be your eligible child and not an adult.

You may enroll your domestic partner's child or grandchild even if you do not enroll your partner; however, your partner must be eligible for UC-sponsored coverage and you must provide the appropriate documents to UC, when requested.

Tax Dependency

In order to be eligible for UC-sponsored coverage, your **grandchild, step-grandchild, legal ward or overage disabled child(ren) over age 26** must be claimed as a tax dependent by you or your spouse.

Your domestic partner's **grandchild** must be claimed as a tax dependent by you or your domestic partner.

Eligible Child

Family Member	Eligibility Must be	Medical	Dental	Legal	Vision
Natural or adopted child Stepchild Domestic partner's child ¹	To age 26	•	•	•	•
Grandchild or step-grandchild Domestic partner's grandchild ¹	To age 26 <ul style="list-style-type: none"> • unmarried • living with you • supported by you or your spouse/domestic partner (50%+) • claimed as a tax dependent by you or your spouse/domestic partner 	•	•	•	•
Legal ward	To age 18 <ul style="list-style-type: none"> • unmarried • living with you • supported by you (50%+) • claimed as your tax dependent 	•	•	•	•
Overage disabled child (except a legal ward) (must be approved by the carrier)	Age 26 or older <ul style="list-style-type: none"> • unmarried • incapable of self-support due to a mental or physical disability incurred prior to age 26 • enrolled in a UC group medical plan before age 26, and the coverage is continued coverage² • application must be made to the carrier before age 26 or during the PIE for newly eligible employees or newly acquired family members and carrier must approve • chiefly dependent upon you, your spouse or eligible domestic partner for support and maintenance (50%+ support) • claimed as your, your spouse's or your eligible domestic partner's dependent for income tax purposes or, if not, is eligible for Social Security income or Supplemental Security Income as a disabled person. The overage disabled child may be working in supported employment which may offset the Social Security or Supplemental Security Income. 	•	•	•	•

¹ Domestic partner must be eligible for UC-sponsored health coverage.

² A retiree with a disabled child over age 26 or who newly acquires a disabled child over age 26 (through marriage/domestic partnership or adoption) may also apply for coverage for that child, provided that: the child's disability began before the child turned age 26, the child has had continuous group medical coverage since age 26; and the retiree applies for UC group medical coverage during the retiree's Period of Initial Eligibility.

Important Rules

Ineligible Family Member Coverage

Certain family members are not eligible to participate in UC-sponsored plans. Family members ineligible for UC-sponsored plan coverage include but are not limited to: siblings, in-laws, cousins, nieces, nephews, legally separated spouses, former spouses or domestic partners, foster children, great grandchildren, and your children's and grandchildren's spouses.

If your enrolled family member loses eligibility for UC-sponsored coverage (for example, because of divorce or loss of eligible child status), you must notify UC by de-enrolling that individual. If you wish to make a permitted change in your health or flexible spending account coverage, you must notify UC within 31 days of the eligibility loss event, although for purposes of COBRA eligibility, notice may be provided to UC within 60 days of the family member's loss of coverage. However, regardless of the timing of notice to UC, coverage for the ineligible family member will end on the last day of the month in which the eligibility loss event occurs (subject to any continued coverage option available and elected).

Making false statements about satisfying eligibility criteria, failing to timely notify the University of a family member's loss of eligibility, or failing to provide verification documentation when requested may lead to de-enrollment of the affected family members. In addition, retirees may be de-enrolled from health benefits for a period of up to 12 months and may be responsible for any UC-paid premiums due to enrollment of ineligible individuals.

Former Spouse/Domestic Partner

UC health and welfare eligibility rules do not allow for coverage of an ex-spouse/domestic partner. See question 8 on page 9 for more details.

Adult Dependent Relative

Adult dependent relatives are not eligible unless they were enrolled before Dec. 31, 2003. Adult dependent relatives lose eligibility for UC-sponsored health plans when they become eligible for premium-free Medicare Part A. Adult dependent relatives reaching age 65 will be automatically de-enrolled unless you submit documentation that proves they are ineligible for premium-free Medicare Part A.

Adult dependent relatives also lose eligibility for UC-sponsored health plans if they are not your tax dependent for income tax purposes or are no longer living with you unless they reside in a convalescent hospital or nursing home.

To notify UC that your adult dependent relative is not eligible, call the UC Customer Service Center (1-800-888-8267).

Tax Treatment of Dependent Coverage

Under current state and federal tax laws, the value of the contribution to your medical and/or dental premiums that UC makes on behalf of you and most family members is not taxable. However, for certain family members, the value of these benefits may be classified as your "imputed income," and may be subject to California state and/or federal income taxes.

- **For your same-sex spouse and his/her eligible children or grandchildren:** If 1) you were married in California between June 16, 2008 and November 4, 2008 or 2) your marriage is valid under the laws of the jurisdiction in which you were married, regardless of the date of your marriage: the UC/employer contribution is not considered to be imputed income for California state income tax purposes. However, the value of that coverage is considered imputed income for federal income tax purposes.
- **For your same-sex or opposite-sex domestic partner and his/her eligible children or grandchildren:** If you have registered your domestic partnership with the state of California, the UC/employer contribution is not considered to be imputed income for California state income tax purposes. However, the value of that coverage is considered imputed income for federal income tax purposes (see paragraph below regarding stepchildren). If you have NOT registered your domestic partnership with the state of California, the UC/employer contribution will be considered imputed income for both federal and California state income tax purposes; however, if you have entered into a valid same-sex union, other than a marriage, in another jurisdiction, and California recognizes that union as substantially equivalent to a California registered domestic partnership, you may be able

to exclude the imputed income from state taxation when you file your state tax return.

- **For your natural, adopted, or stepchildren who are not your tax dependents:** Under rules implemented as part of health care reform legislation, there is no imputed income for federal or California state income tax purposes on the value of the UC/ employer contribution for coverage provided to your natural, adopted, and/or stepchildren (if you are considered the child's stepparent under California state law; i.e., the child's parent is your spouse or your registered domestic partner), regardless of whether they are your tax dependents. In 2011, the state of California passed legislation conforming to this change. You will continue to have imputed income for both state and federal income tax purposes for coverage provided to children of your non-registered domestic partner and step-grandchildren if they are not your tax dependents.

For any category above, if your family member is your tax dependent (for income tax and/or health coverage purposes) as defined by the IRS, you are not subject to imputed income on UC contributions for health insurance for these family members for either state or federal income tax purposes. For information needed to make a determination regarding tax dependency, please refer to IRS (federal) or Franchise Tax Board (California state) publications and consult your accountant, attorney, or other tax advisor.

No Duplicate UC Coverage

UC rules do not allow duplicate coverage. This means you may not be covered in UC-sponsored plans as a retiree and as an eligible family member of a UC employee or retiree at the same time. You must choose whether to enroll as a family member and suspend your medical and dental coverage or remain enrolled independently.

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

If duplicate enrollment occurs, UC will cancel the later enrollment. UC and the plans reserve the right to collect reimbursement for any duplicate premium payments and for any benefits provided due to the duplicate enrollment, including any Part B reimbursement.

No Exclusion for Pre-existing Conditions

You and your eligible family members will not be excluded from enrollment in any UC-sponsored medical, dental or vision plan based on your health, nor will your premium or level of benefits be based on any pre-existing health conditions. In fact, you and your eligible family members will not be asked for a statement of health for these plans.

Rehired Retirees with Medical Benefits

If you decide to return to work for the University and are hired into a position eligible for medical benefits, your coverage as a retiree will be affected. Please see the *Returning to UC Employment After Retirement Factsheet* for more information.

Medicare

Medicare is the federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS). Medicare has three parts: Medicare Part A (hospital insurance), Medicare Part B (medical insurance) and Medicare Part D (prescription drug coverage).

UC has specific requirements for its retirees, survivors, disabled members, and their enrolled family members who are eligible for premium-free Medicare Part A. Those who do not comply with UC's requirements to enroll in and stay enrolled in Parts B and D will be permanently de-enrolled from UC-sponsored medical plans. See UC's *Medicare Factsheet* for additional information including:

- Medicare eligibility and enrollment,
- the Medicare prescription drug benefit,
- UC enrollment requirements for retirees,
- returning to work at the University,
- UC medical plans for Medicare enrollees, and
- how Medicare works with UC medical plans.

Enrollment

When you first retire, your medical, dental and legal plan enrollments move with your retiree status. To enroll in retiree vision or AD&D, you must contact the insurance plan directly with the appropriate UC forms.

When to Enroll

Period of Initial Eligibility (PIE)

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

You may enroll your eligible family members during the 31-day PIE that begins on the first day the family member meets all eligibility requirements. If their enrollment is completed during the PIE, coverage is effective the date the PIE began.

90-Day Waiting Period (Medical Coverage Only)

If you do not enroll your family member(s) within the 31 days when first eligible, you may enroll them in medical only at a later date. However, each family member will need to complete a waiting period of 90 consecutive calendar days before medical coverage becomes effective. If you currently have family coverage and wish to add another eligible child, you may do so at any time.

New Spouse, Domestic Partner or Child

A newly eligible family member's PIE starts the day he or she becomes eligible (for example, the day you marry or your child is born). Enrollment is not automatic; you must enroll the new family member.

Adopted Child

The PIE for an adopted child begins on the earlier of the date the child is placed for adoption with you, your spouse or domestic partner or the date you have or your spouse or domestic partner has the legal right to control the child's health care. If you do not enroll your child during this PIE, a second PIE begins with the date the adoption is final. Coverage begins on the first day of the PIE in which you enroll the child.

Legal Ward

If you are appointed by the court as a legal guardian of an unmarried child under the age of 18, you have a 31-day PIE to enroll the child. The PIE begins on the date the court grants you legal guardianship and the child meets all of the eligibility requirements.

Medical Plan Changes

If you marry or establish a domestic partnership, or if you have a new child (through birth or adoption), you will have a new 31-day period of initial eligibility in which to enroll your new family member. During this PIE you may also change your medical plan when adding new family members. If you suspended UC coverage because you had other coverage and you lose that coverage or the employer contribution toward the other coverage ends or greatly changes, you may have an opportunity to re-enroll in your UC coverage. You may change medical plans when you re-enroll. Proof of continuous coverage and loss will be required.

Moving Out of a Service Area

If you move out of a medical or dental plan's service area, you and your eligible family members must transfer to a UC-sponsored medical and/or dental plan that provides service in your new location.

Suspension of Medical and Dental Enrollment

In certain circumstances, you can suspend UC retiree coverage (medical and dental only). You may suspend enrollment for yourself and/or your eligible family members because you have other group or individual insurance coverage.

If you lose the other coverage involuntarily, you can re-enroll in a UC medical or dental plan during a 31-day PIE that begins the date you lost your other group or individual coverage. Examples of involuntary loss of coverage would be if your company/ employer terminates their plan; you have coverage through a spouse or domestic partner which ends because their job ends; or the insurance carrier cancels your individual plan. A PIE does not occur just because your spouse or domestic partner also works at UC and they retire or you stop paying the premium on your individual plan. See question 20 on page 11 for more information.

After suspending, you may also re-enroll in a UC medical plan during any PIE or Open Enrollment (see below).

Members who were only eligible for Core level medical benefits upon retirement are limited to re-enrolling in Core Medical upon return from suspended coverage.

Open Enrollment Options

Open Enrollment

Open Enrollment (usually held in the fall) is your annual opportunity to transfer to a different medical or dental plan or add eligible family members to your medical and/or dental plan.

If you previously suspended your eligibility for UC-sponsored medical and /or dental coverage (see page 6), you may re-enroll yourself and your family members. Changes made during Open Enrollment are effective January 1 of the following year.

Legal Plan

The legal plan is open only during announced Open Enrollment periods.

To be eligible for the legal plan, retirees must have been eligible for the legal plan as an employee.

Vision Plan

The Vision Plan is open only during announced Open Enrollment periods.

To be eligible for the vision plan, a retiree must have been enrolled in the vision plan when he/she left UC employment:

- His/her retirement date is within 120 days of his/her separation from employment; and
- His/her coverage is continuous until the date his/her retirement income begins.

Retirees enroll via paper form and pay premiums directly to the carrier; enrollment and premiums are not handled through the University. The carrier provides all administrative services.

Loss of Family Member's Eligibility

An enrolled family member's coverage stops at the end of the month in which he or she no longer meets all of the eligibility requirements (see pages 2 and 3).

You are responsible for canceling coverage for family members who become ineligible. UC and the plans reserve the right to collect repayment for any expenses incurred due to the ineligible enrollment, including the employer contribution and any Part B reimbursement.

In certain situations, family members who lose eligibility may be able to continue group medical, dental, and vision coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985, as amended). The legal plan may be converted to an individual policy. See the At Your Service website or call the UC Customer Service Center at 1-800-888-8267 for more information about COBRA.

Verification of Family Member Eligibility

If you enroll your family members in medical, dental and/or vision insurance, you must provide documents to verify your family members' eligibility. You will receive a packet of materials to complete the verification process, and you must respond by the deadline shown on the letter or risk de-enrollment of your newly enrolled family members. Failing to provide documentation when requested may lead to de-enrollment of the affected family members. In addition, retirees may be subject to de-enrollment from health benefits for a period of up to 12 months and maybe responsible for any UC-paid premiums due to enrollment of ineligible individuals.

Subject to carrier approval, the retiree and eligible family members who are de-enrolled may be eligible for continued coverage by paying the applicable COBRA rate premium. The payment is made directly through the third party Administrator selected by UC. The retiree's eligible family member(s) may not separately elect this continued coverage. Ineligible family members are not eligible for continuation.

After Enrollment

Confirm Your Choices

It is your responsibility to notify the UC Customer Service Center of any errors in your enrollment. Review your retirement check stub or electronic direct deposit statement to confirm it reflects your benefit choices.

Keep Your Records Updated

Make sure that UC always has your current address, email, phone number, Power of Attorney and direct deposit number to correctly administer your benefits and send you benefits information. To update

any missing Social Security numbers for your family members, submit a *Retiree Continuation, Enrollment, or Change* form (UBEN 100).

You can change your address online by signing in to your account on At Your Service, by submitting a *UC Address Change Notice* form (UBEN 131), or by calling the UC Customer Service Center at 1-800-888-8267.

To update your monthly direct deposit for your benefit check, submit an *Enrollment, Change, or Cancellation—Direct Deposit* form (UCRS 160).

Questions and Answers

Eligibility for a Spouse/Domestic Partner

1. I am getting married. Can I add my new spouse to my UC-sponsored plans?

Yes. Your spouse becomes eligible for coverage in your UC-sponsored plans on the date you marry. You can enroll your new spouse during the 31-day period of initial eligibility. You may also choose a different medical plan.

If your spouse is eligible for Medicare, he/she must send in a copy of their Medicare card and complete a form to assign their Medicare to the plan before coverage can begin. Call the UC Customer Service Center for the appropriate form or online on the At Your Service website under “Medicare Required Forms.”

2. My spouse and I do not live together. Is he still an eligible family member?

Yes. As your spouse, he is eligible. Please note that you and your spouse must be enrolled in the same plans. Be sure to verify your medical plan service area. If you become legally separated, divorce or the marriage is annulled, he will no longer be eligible and you must de-enroll him from your UC-sponsored plans. Eligibility stops at the end of the month in which the divorce/legal separation/annulment is final.

3. I am a UC retiree with self-only UC-sponsored health coverage. My spouse lost his job and is losing his group benefit coverage. Can I enroll him in my UC-sponsored plans?

Yes. If your eligible family member loses individual or group coverage involuntarily, you may add him/her to your UC-sponsored plans within 31 days of the loss of coverage and you may also choose a different medical plan. Proof of continuous coverage and the reason for the involuntary loss of that individual or group coverage will be required. If greater than 31 days, you may add your spouse after a 90-day waiting period in a medical plan only. (See “When to Enroll” on page 6.) Additionally, you may also add him/her to your plan(s) during any Open Enrollment.

4. My spouse and I are covered by my UC medical plan and my spouse also has both of us covered under her non-UC plan, which coverage pays first?

When a UC retiree is covered under a UC-sponsored medical plan and is also covered as a dependent under another plan, the UC-sponsored coverage pays first for the retiree. If a dependent has coverage through a non-UC medical plan and a UC medical plan, the non-UC plan will pay primary. If either has Medicare coverage, Medicare will pay primary. Exception: If the spouse is still employed, his/her employee plan may pay before UC's retiree plan.

5. My same-sex domestic partner and I are currently not registered as domestic partners with the State of California Domestic Partners Registry, nor are we married. Can I still add my domestic partner to my UC-sponsored plans?

Yes. To add your domestic partner when he or she becomes eligible, you must submit a *Retiree Continuation, Enrollment, or Change* form (UBEN 100). This form is available from the At Your Service website under “Forms and Publications” under “Quick Links.” You may also request a copy of the form from the UC Customer Service Center. Unmarried domestic partners must meet the requirements listed on page 2.

6. Does having my domestic partner enrolled in my plan(s) affect my income tax?

If you have registered your domestic partnership with the state of California, the UC/employer contribution is not considered to be imputed income for California state income tax purposes. However, the value of that coverage is considered imputed income for federal income tax purposes.

If you have NOT registered your domestic partnership with the state of California, the UC/employer contribution will be considered imputed income for both federal income tax purposes and California state income tax purposes; however, if you have entered into a valid same-sex union, other than a marriage, in another jurisdiction, and California recognizes that union as substantially equivalent to a California registered domestic partnership, you may be able to exclude the imputed income from state taxation when you file your state tax return for 2012.

Finally, for federal tax purposes, you will be subject to imputed income for coverage provided to your domestic partner unless your domestic partner is your dependent under IRS rules.

7. My same-sex partner and I were recently married. Do I need to make any changes to my benefits?

If your spouse is not currently covered, you have 31 days from the date of marriage to enroll your spouse. Complete the *Retiree Continuation, Enrollment, or Change* form (UBEN 100). If your spouse is currently enrolled under your UC-sponsored coverage, let UC Customer Service know about your change in status to ensure proper tax treatment.

Eligibility for a Former Spouse or Domestic Partner

8. Can my former spouse/domestic partner continue coverage on my UC-sponsored plans?

No. A former spouse or domestic partner is not eligible. Eligibility stops on the last day of the month

in which a divorce, legal separation, annulment or termination of partnership is final. Be sure to de-enroll your former spouse/domestic partner from all plans in which he/she is enrolled.

If a legal decree requires you to maintain health coverage for your former spouse/domestic partner or any other ineligible family member, you must make private arrangements for such coverage. You may not keep your former spouse/domestic partner or any other ineligible family members on your UC plans. However, your former spouse/domestic partner may be able to continue medical or dental coverage through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). For information about COBRA continuation privileges, see the At Your Service website or contact the UC Customer Service Center at 1-800-888-8267.

Eligibility for an Adult Dependent Relative

9. Can I cover my parent?

No. You may not cover your parent as an adult dependent relative unless your parent was covered before January 1, 2004, UC coverage has been continuous and your parent meets all eligibility requirements.

Eligibility for Child(ren)

10. My son lives with his mother in another town. Is he eligible for coverage under my UC-sponsored plans?

Your natural or adopted children are eligible for coverage up to age 26 whether or not they live with you and regardless of how much of their support you provide. If you are enrolled in an HMO medical plan or the DeltaCare® USA dental plan, however, your enrolled family members must live in the plan's service area. Contact your plan directly to confirm your options.

11. My child goes to school in another state and lives there for nine months of the year. Does this make him ineligible for coverage on my plans?

No. If your child's permanent residence is your address, living away at school will not make him ineligible. However, if you are enrolled in an HMO medical plan or the DeltaCare® USA dental plan, your enrolled family members may only receive services in the contracted service area. The selection of a different plan is required to cover your child outside of

California. Call your plan for more information or the UC Customer Service Center for assistance.

12. My husband and I claim his children (my stepchildren) on our tax return and we pay for most of their support. They live with us part of the year. Are they eligible for coverage under my UC-sponsored plans and will they be covered if we file separate tax returns?

Yes. Your stepchildren are eligible for UC-sponsored coverage. UC does not require stepchildren to be your tax dependents or supported by you and your husband.

Eligibility for a Legal Ward

13. Why does eligibility for a legal ward end at age 18 when it continues to age 26 for other children?

California law stipulates that legal guardianship ends when a child reaches age 18. Group insurance for legal wards stops at the end of the month in which the child turns 18.

14. My legal ward will soon turn age 18 and will no longer be eligible for coverage on my UC-sponsored plans. Is she eligible for medical, dental, and vision coverage under COBRA?

Yes. COBRA allows enrolled family members to continue coverage for a limited time after they lose eligibility for UC-sponsored group coverage. (Note: COBRA does not apply to those who have never met UC's eligibility requirements.) For information about continuing coverage under COBRA and/or converting to an individual policy, see the At Your Service website or contact the UC Customer Service Center.

Eligibility for Disabled Child(ren)

15. My child is 25 years old and disabled. How can I continue to cover her on my UC-sponsored plans?

Assuming that all eligibility requirements are met (see the chart on page 3), you must obtain disability approval from your medical plan (not UC) before your child's 26th birthday and notify the UC Customer Service Center. If the medical plan carrier approves continued coverage, your child may also remain enrolled in UC-sponsored dental and legal coverage. Contact your medical plan for information and the proper form. Note that UC and your medical plan have the right to request proof of continued

disability periodically in order to continue UC-sponsored group coverage.

Eligibility for Stepchild(ren)

16. My stepdaughter lives with my wife and me. The divorce settlement from my wife's previous marriage provides for the child's father to claim my stepdaughter as a dependent for tax purposes. Can I cover her on my UC-sponsored plans?

Yes. UC does not require stepchildren to be tax dependents to be eligible for coverage.

Eligibility for Other Enrollees

17. I am a legal guardian for a child who does not live with me. Is this child eligible for coverage on my UC-sponsored plans?

No. You cannot enroll him or her as a legal ward unless he/she is living with you.

18. My 15-year-old niece lives with me off and on, but I am not her legal guardian. She is not currently enrolled. Can I enroll her again next year?

A niece is not an eligible child. To become your legal ward (and therefore eligible), you would need to be appointed as your niece's legal guardian by the court.

General Questions about UC-Sponsored Coverage

19. I am a UC retiree and for part of the year I live outside the US. Can I keep my UC-sponsored medical coverage?

You can keep your current medical coverage if you are enrolled in the High Option Supplement to Medicare, Anthem Blue Cross PPO, Core plan, or for non-Medicare members, Anthem Lumenos PPO, which provide worldwide coverage. If you are enrolled in an HMO or Anthem Blue Cross PLUS and you will be out of the plan's service area greater than two months, UC regulations require you to transfer to a UC-sponsored medical plan that provides service in your new location. If you remain in the HMO while you are away from the plan's service area, your plan will provide only emergency care coverage and may de-enroll you. Contact your plan for their particular restrictions.

Your medical plan options are based on your address of record. If you move, you may have to change plans.

Be sure to call the UC Customer Service Center before you relocate to another residence (either temporarily or permanently). They will explain your plan options and send you the applicable UC forms. Upon receiving your address change information, the University will forward your new address to your medical plan.

Medicare enrollees: Also see question number 26 on page 12.

20. If I decide to suspend my UC-sponsored retiree medical and/or dental plan coverage because I have plan coverage outside of UC, will I lose my UC-sponsored coverage permanently?

No. If you suspend your coverage, you will have three opportunities to re-enroll in a UC-sponsored medical plan. The three options are explained below.

When you suspend your UC-sponsored medical coverage, UC-sponsored medical coverage for all enrolled eligible family members, UC Medicare Part B premium reimbursement (if any), and UC/employer medical plan contributions are also suspended. If you are enrolled in a UC-sponsored dental plan, you can continue or suspend the coverage.

To suspend UC-sponsored medical or dental coverage, you must submit a completed and signed UBEN 100 form, and, if enrolled in a UC-sponsored Medicare Advantage Prescription Drug plan, a UC plan disenrollment form. Both of these forms are available from the UC Customer Service Center or online on the At Your Service website.

Option 1: If you have other group or individual medical or dental coverage, you may elect to suspend your UC-sponsored coverage and retain eligibility to re-enroll in a UC-sponsored plan during any future Open Enrollment (usually held in November). When you enroll during Open Enrollment, coverage is effective January 1 of the following year.

Option 2: If you are enrolled in another group or individual medical or dental plan and lose the coverage involuntarily due to termination of employment, loss of eligibility, leave without pay, death, divorce, or cancellation of the plan, you will have a new period of eligibility in which to re-enroll in a UC-sponsored plan.

Your UC enrollment form must be submitted within 31 days of the date of the involuntary loss of coverage and must be accompanied by documentation from your or your family member's employer or insurance company showing:

- the name of the employer or insurance company,
- the name of your medical and/or dental plan,
- the names of your enrolled family members,
- the dates coverage began and terminated, and
- the reason for the involuntary loss of coverage.

Option 3: If employer contributions toward other coverage terminates, you will have a new PIE in which to enroll in a new UC-sponsored medical and/or dental plan.

21. If I decide not to elect UC-sponsored medical coverage, will I receive the UC contribution to use for plan coverage of my choice?

No. The UC contribution can be applied only to a plan offered through UC.

22. If I am retired from UC and return to UC employment, will I have to re-enroll in my UC-sponsored plans?

It depends on whether you are eligible for benefits in your new position. If you return to UC employment, contact your local Benefits Office about the steps you should take to make sure your benefits are in place.

Generally, if you are eligible for benefits as a UC employee, you may not continue UC retiree benefits and you must either enroll in UC's employee group health plan or "opt-out" of UC benefits if you have other, non-UC coverage elsewhere, e.g., under a working spouse.

If you are Medicare eligible, both Medicare and UC allow you and other family members to suspend Medicare Part B coverage while you are working. It is recommended that you continue premium-free Medicare Part A as secondary coverage for hospital-related claims. If you stop working and re-enroll in UC retiree medical coverage, you must re-enroll in Medicare Parts B and D to avoid lifetime Medicare penalties and to comply with UC regulations. It is your responsibility to re-enroll in Medicare Parts B and D coverage when you stop working and enroll in UC retiree benefits using a UBEN 100 form.

Please see the *Returning to UC Employment After Retirement Factsheet* for additional details and go to Medicare's website at www.medicare.gov.

Medicare

23. I was notified by Social Security that I am eligible for Medicare Parts A (premium-free) and B. Do I need to inform UC? Will I still be able to continue my UC-sponsored coverage?

Yes. If you are retired, you will need to inform UC of your Medicare eligibility and you will be able to continue your UC-sponsored coverage in the Medicare version of your current plan, if it is available, and you complete the required Medicare forms and send UC a copy of your Medicare card.

Approximately three months before your 65th birthday (or the 65th birthday of your enrolled family member), UC will send information about Medicare along with instructions for securing your benefits under both Medicare and UC. Please note that if you are not eligible for Medicare, UC requires that you send a copy of your denial letter from Social Security. If you do not, UC will cancel your medical coverage.

If you have an enrolled family member, UC will ask for proof of Medicare enrollment three months prior to your family member's 65th birthday. If your family member is eligible for Medicare prior to that age e.g., after two years on Social Security disability, you should advise UC.

You will remain eligible for UC-sponsored coverage, and, in most cases, you will be able to continue with your current medical plan. If you are enrolled in an HMO, however, the service area and network providers for your plan may differ from your HMO's non-Medicare plan. You should contact your medical plan to ensure that you live within the plan's Medicare service area and that your primary care physician, behavioral health provider, specialists, and medical group are network providers for the Medicare plan. If your primary care physician or behavioral health provider is not a network provider, you will have to choose another physician or behavioral health provider to remain in your current plan. For all UC-sponsored Medicare plans, you must assign your Medicare benefits to the plan. Otherwise UC will cancel your coverage. If you live outside the service area for Medicare enrollees or your plan does not offer a Medicare plan, you will need to change medical plans.

For questions about de-enrollment and other plan options, call the UC Customer Service Center.

24. If I am not eligible for Medicare based upon my employment, can I qualify in any other way?

You may be eligible for Medicare based on the employment of your current spouse, former spouse or deceased spouse, if any. Contact Medicare directly to determine if you qualify. For example, your spouse will qualify at age 62. If you are age 66 when she turns 62, Medicare may charge you a late enrollment penalty. To avoid Medicare penalties, you might consider enrolling in Part B at age 65, even if you are not eligible for premium-free Part A through your spouse until a later date.

25. If I sign up for or am enrolled in a non-UC sponsored Medicare Part D Prescription Drug Plan, will I lose my UC-sponsored Medicare medical coverage?

Possibly. Medicare beneficiaries can be enrolled in only one Medicare Part D plan. If you and/or your eligible family members are enrolled in a UC-sponsored Medicare medical plan that includes prescription drug coverage, you have been automatically enrolled in Medicare Part D. Therefore, if you and/or they enroll in a non-UC sponsored Medicare medical plan that includes Medicare Part D coverage or if you enroll in a separate Medicare Part D plan, you and/or they will lose eligibility to participate in the UC-sponsored plan. Medicare will pay claims based on the last Part D plan enrollment.

The UC-sponsored Anthem Blue Cross PPO Medicare Without Prescription Drug plan is an option available to eligible retirees and their eligible family members who have prescription drug coverage in another medical plan.

26. I'm currently enrolled in a UC-sponsored Medicare medical plan and will be moving. Will I be able to keep my current medical plan or will I have to switch to another plan?

Your medical plan options are based on your address of record. Medicare will no longer accept a P.O. Box as a valid address. The Medical Plan Chooser uses your ZIP Code to determine eligible medical plans in your area; it is available on the At Your Service website. HMO plans and primary care physicians (PCPs) are not available in all areas. Also, an HMO or PCP that is available to you before you enroll in Medicare may not be available after you enroll in Medicare. You will need to call the plan to verify that you live within the plan's Medicare service area and that your PCP will remain a participating physician.

As a Medicare participant, should you change plans, you will need to complete new forms to reassign your Medicare to the new plan.

- If you enroll in an HMO Kaiser Permanente—CA or Health Net plan, you must complete a *Medicare Advantage Universal Enrollment/Election Form* (UBEN 127) and mail it to your new plan and send a copy of the form with a copy of your Medicare card to UC before the new coverage is to take effect.
- If you are transferring out of an HMO and into an Anthem plan (Anthem Blue Cross PLUS, Anthem Blue Cross PPO, Core and High Option Supplement to Medicare), you must complete the *Anthem Blue Cross MedicareRx Employer Group Health Plan Enrollment Election Form* and mail to UC with a copy of your Medicare card before the new coverage is to take effect.

Both of these forms are available from the UC Customer Service Center or on the At Your Service website.

For information about Medicare benefits, read the *Medicare Factsheet* (available on At Your Service or from the UC Customer Service Center).

27. I am retired and have coverage under UC and another employer. Will I or another family member have to sign up for Medicare when eligible?

Yes. Retirees or family members who are eligible for premium-free Part A and who want to continue UC-sponsored coverage must enroll in Medicare Parts B and D. You may also suspend UC-sponsored coverage and re-enroll at a later date should you lose coverage elsewhere or during Open Enrollment. If you keep your UC-sponsored coverage but do not enroll in Parts B and D, you will be subject to a \$399.60 penalty per month followed by de-enrollment from UC-sponsored medical coverage.

28. I am turning 65. Do I need to enroll in premium-free Medicare Part A and Medicare Parts B and D if I am still working at UC?

Enrollment in premium-free Medicare Part A is automatic and provides supplemental coverage to your coverage through UC. It is recommended that you maintain premium-free Medicare Part A.

You may delay enrollment in Medicare Parts B and D until you terminate employment with UC. If you decide to enroll in Medicare Parts B and D, your UC employer group health plan will pay first while you are employed and Medicare will pay second. When

visiting the doctor or hospital, please show your UC insurance card so that claims are properly paid and claim processing issues can be averted.

General Questions

29. I am a UC retiree receiving UC-sponsored medical and dental benefits. Can my enrolled family members continue coverage after I die?

Yes, if the following conditions apply:

- On the date of your death, they are enrolled in or you have suspended your UC-sponsored medical and/or dental plan; and
- A monthly benefit (survivor income or contingent annuitant benefit) is payable within 120 days of your death; and
- their coverage is continuous.

See the *Survivor and Beneficiary Handbook for Family Members and Beneficiaries of UC Retirees and Members Receiving UCRP Disability Benefits* for more information.

30. My spouse (now deceased) was a UC retiree, and I am eligible to continue my UC-sponsored group insurance as his survivor. If I remarry, can I cover my new spouse?

No. The surviving spouse cannot enroll another spouse or domestic partner in any UC-sponsored group insurance plan.

31. My spouse passed away after I retired from UC. May I add a new spouse to my insurance plans? Will my new spouse receive survivor benefits after I die?

Yes, you may add a new spouse to your insurance plans, but your new spouse will not be eligible to receive survivor benefits, which means UC-sponsored insurance will stop upon your death.

32. My domestic partner is covered under my UC medical plan. If my domestic partner does not enroll in Medicare when he/she first becomes eligible at age 65, can he/she enroll when I retire?

Generally, a domestic partner will not be eligible to enroll in Medicare at this time because he/she does not experience a Special Enrollment Period (SEP) when the UC employee retires. The domestic partner is advised to contact the Social Security Administration prior to turning age 65 to discuss their particular situation and Medicare enrollment options.

For More Information

The following publications are available online from At Your Service (atyourservice.ucop.edu) or from the UC Customer Service Center.

Health and Welfare Benefits

- *Benefits for Domestic Partners*
- Evidence of Coverage booklets
- ARAG Legal Plan booklet
- *Health Care Facilitator Program* brochure

Medicare

- *Medicare Factsheet*
- *Medicare Advantage Prescription Drug Plan Disenrollment Form* (UBEN 101)
- *Medicare Advantage Universal Enrollment/Election Form* (UBEN 127)
- *Anthem Blue Cross Part D Enrollment form*

Life Events

- *Family Changes Benefits Checklist*
- *Survivor and Beneficiary Handbook for Family Members and Beneficiaries of UC Retirees and Members Receiving UCRP Disability Benefits*

UC Retirement

- *UC Retirement Handbook*
- *Returning to UC Employment After Retirement Factsheet*

UC Customer Service Center

Call the UC Customer Service Center at 1-800-888-8267, Monday–Friday, 8:30 a.m.–4:30 p.m. (PT).

By authority of The Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by The Regents. Source documents are available for inspection upon request (1-800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact your Human Resources Office and retirees should call the UC Customer Service Center (1-800-888-8267).

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

Website address: atyourservice.ucop.edu