

PART IV

Group Insurance Regulations for Retired Members, Disabled Members, and Survivors

6002. MEDICAL and DENTAL PLANS

6002. Eligibility

A. Eligible Members

1. Retired Members

An Active Member or an active Savings Choice Participant will be eligible for Retiree Health Coverage upon retirement, provided that;

- i. For those with a Retirement Date on or after January 1, 2026, the Member was enrolled or eligible to be enrolled in UC-sponsored Health Coverage at the Member's date of separation or Break in Service;
- ii. For those with a Retirement Date before January 1, 2026, the Member was enrolled in UC-sponsored Health Coverage or, if not enrolled, was eligible for coverage and enrolled in other Health Coverage continuously from the Member's separation date until the effective date of their Retiree Health Coverage;
- iii. The Member's Retirement Date is within 120 calendar days of the date of the Member's separation from University employment or 120 days following a Break in Service as outlined in Administrative Supplement II-E;
- iv. The Member meets the following requirements of their Eligibility Group as of the Member's Retirement Date:

Eligibility Group 1 the Member is:

- i. age 50 to age 54 and has at least 10 years of Service Credit;
- ii. a Safety Member or a CalPERS Member as defined in Administrative Supplement Part II-B and has at least 5 years of Service Credit; or
- iii. is age 55 or over and has at least 5 years of Service Credit

Eligibility Group 2 the Member has:

- i. at least 10 years of Service Credit; or
- ii. at least 5 years of Service Credit, and the sum of the Member's age plus years of Service Credit in whole years is at least 75 or more.

Eligibility Group 3 the Member has:

- i. at least 10 years of Service Credit.
- v. In addition to the requirements of the subsections above, a rehired Retired Member who was not originally eligible for Retiree Health Coverage on their previous Retirement Date or a rehired Eligible Employee who has not previously retired must work in a UCRP-eligible position, on active pay status for 12 consecutive months or more to be eligible for Retiree Health Coverage upon their Retirement Date or subsequent Retirement Date as outlined in Administrative Supplement 12.
- vi. A Retired Member who was previously eligible for Retiree Health Coverage and returns to a UCRP-eligible position as an Active Member or Savings Choice Participant will maintain their original Eligibility Group upon their subsequent Retirement Date and does not have to work 12 months; and

For a Retired Member in Group 2, any additional Service Credit accrued by the Retired Member in whole years as an Active Member or Savings Choice Participant will apply to the University's contribution toward Retiree Health Coverage; and

For a Retired Member in Group 3, any additional Service Credit accrued by the Retired Member as an Active Member or Savings Choice Participant and the age in whole years at their subsequent Retirement Date will apply to the University's contribution toward Retiree Health Coverage.

2. Disabled Members

An Active Member will be eligible for Retiree Health Coverage as a Disabled Member provided that:

- i. the Member was enrolled or eligible to be enrolled in UC-sponsored Health Coverage at the Member's Disability Date or separation date (whichever occurs first);
- ii. the Member was approved for UCRP Disability Income with a Disability Date that is within 120 calendar days of the Member's separation from University employment;
- iii. Notwithstanding the requirements of Section 6002.A.1 above and Administrative Supplement 12, a Disabled Member who is eligible for Retiree Health Coverage will remain eligible as a Retired Member provided that their elected Retirement Date is within 120 days of the end date of their UCRP Disability Income;

3. Survivors

The Survivor of a deceased Active, Retired or Disabled Member will be eligible for Retiree Health Coverage, provided that:

- i. the deceased Active Member was enrolled or eligible to be enrolled in Full Benefits as described in Part II of the GIRs, or the deceased Retired or Disabled Member was enrolled or eligible to be enrolled as described in Section 6002.A.1 and 6002.A.2. above; and
- ii. the Survivor was enrolled or eligible to be enrolled as a Family Member in UC-sponsored Health Coverage at the time of the Member's date of death; and

In addition to i and ii above, one of the following conditions must also be met:

- a. the Survivor of a Disabled Member or Active Member is eligible to receive Preretirement Survivor Income within 120 calendar days of the Member's death. Eligibility may continue to the next eligible Survivor provided there is no subsequent gap in Preretirement Survivor Income of more than 120 days;
- b. the Survivor of a Retired Member is eligible to receive Postretirement Survivor Continuance within 120 calendar days of the Retired Member's death. Eligibility may continue to the next eligible Survivor provided there is no subsequent gap in Postretirement Survivor Income of more than 120 days; or
- c. if no Postretirement Survivor Continuance is payable, the Survivor of a Retired Member is eligible to receive monthly income as a Contingent Annuitant and is;
 - 1. the surviving spouse or Domestic Partner who was married or in a domestic partnership with the deceased Retired Member for one full year before the Retired Member's Retirement Date and continuously to the date of the Retired Member's death; or
 - 2. an Eligible Child at the time of the Retired Member's date of death, or becomes an Eligible Child within 120

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days of the Retired Member's date of death, and remains eligible until the age of 18; the age of 22 if attending an educational institution on a full-time basis; or as long as they are disabled as defined under UCRP.

The Survivor's Retiree Health Group is based on the Member's Retiree Health Eligibility Date and will be determined at the time of the Member's date of death.

The surviving Family Members of a deceased Savings Choice Participant or Savings Choice Retiree, who is not a Multi-Tier Member, do not qualify for UC-sponsored Retiree Health Coverage.

The surviving Family Members of a deceased Savings Choice Participant or a deceased Savings Choice Retiree, who are not the Survivor of a Multi-Tier Member and not eligible for Pre-Retirement Survivor Income, Post-Retirement Continuance, or Contingent Annuitant benefits described in subsections i-v above, do not qualify for UC-sponsored Retiree Health Coverage. Surviving Family Members of a Savings Choice Participant may be eligible for Retiree Health Coverage as outlined in the Savings Choice Participant Administrative Supplement (under review).

4. Family Member Eligibility

Eligible Family Members may only be enrolled in Retiree Health Coverage provided that the Retired Member, Disabled Member, or Survivor is also enrolled.

1. Retired and Disabled Members

A Retired Member or Disabled Member who is eligible for Retiree Health Coverage may enroll eligible Family Members pursuant to Section 6003.

2. Family Member Eligibility Verification (FMEV)

Upon request of the Plan Administrator, the insurance carrier, or the FMEV administrator, Members must submit documentation specified as necessary and sufficient to verify that the enrolled individual(s) is an Eligible Family Member.

Members who do not complete the FMEV process or provide sufficient documentation will have their Family Member disenrolled under FMEV procedures established by the Plan Administrator. Disenrollment may occur on a retroactive basis.

3. Survivors

- i. The eligible surviving spouse or Domestic Partner may enroll any Family Members that were enrolled or eligible to be enrolled by the deceased Active, Disabled, or Retired Member at the time of their death, including the deceased Member's child, grandchild, stepchild, step grandchild, or child or grandchild of a Domestic Partner.

A biological child of the deceased Active, Disabled, or Retired Member born following their date of death may also be enrolled.

- ii. The Eligible Child may enroll any children as Family Members as if the Eligible Child were the employee, Member, or Disabled Member.

The Eligible Child may also enroll any grandchildren, step grandchildren, or grandchildren of the Member's Domestic Partner that were enrolled or eligible to be enrolled by the deceased Active, Disabled, or Retired Member at the time of their death.

- iii. The surviving spouse, Domestic Partner, or Eligible Child cannot enroll a current or future spouse or domestic partner in Retiree Health Coverage.

B. Medicare

University Requirements

Members and/or their eligible Family Members who are age 65 on or after July 1, 1991, and enrolled in UC-sponsored retiree medical coverage are required to:

1. Enroll in and maintain Medicare Part A and Part B when qualified for premium-free Medicare Part A; and
2. Report Medicare eligibility to the RASC when the enrolled Member or Family Member becomes eligible due to age, Social Security Disability (SSDI), End Stage Renal Disease (ESRD), Amyotrophic Lateral Sclerosis (ALS) or when requested by the RASC; and
3. Assign their Medicare Part A and Part B benefits to a designated UC-sponsored Medicare plan or a qualified plan contracted by the Medicare Coordinator Program administrator outlined in the Medicare Coordinator Program Appendix.

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4. Assign their Medicare Part D only to a UC-sponsored medical plan if that plan includes prescription drug coverage, and do not assign their Part D to a separate non-UC-sponsored prescription drug plan.

Members and/or their enrolled Family Members who are not eligible for premium-free Part A must notify the RASC of their Medicare status and provide proof of Medicare ineligibility.

C. Continuing Requirements

Members must meet all of the following in order to retain eligibility:

1. Maintain eligibility for and continue to receive a monthly payment from UCRP or another Qualifying Plan; or
2. Maintain eligibility for and continue to be enrolled in Retiree Health Coverage as a Savings Choice Retiree; and
3. Use the Retiree Health Plan solely in accordance with these Group Insurance Regulations and applicable Administrative Supplements.

D. Ineligible Members

Individuals in certain categories are not eligible. These categories include, but are not limited to:

1. individuals only receiving an annuity or installment payments from a University-sponsored defined contribution plan unless they are a Savings Choice Retiree;
2. Retired or Disabled Members who fail to enroll (or suspend) within 120 days of separation from UC employment as an Active Member;
3. A Retired Employee as defined in UCRP Section 2.55 (a) or a Multi-tier Member who is a Retired Employee as defined in UCRP Section 2.55 (c) who elected a lump sum cashout.
4. guardians or custodians of Survivors;
5. surviving Family Members of Savings Choice Retirees or Savings Choice Participants
6. Medicare-eligible Members, Medicare-eligible enrolled Family Members, or Reinstated Employees, working for UC in a position eligible for Full or Mid-level benefits as an active employee.
7. Rehired individuals who do not meet the eligibility criteria as described in Administrative Supplement 12.

6003. Period of Initial Eligibility (PIE)

A PIE begins on the date the Member and/or Family Member first becomes eligible for Retiree Health Coverage, corresponding with or following the Member's retirement, approval of UCRP disability, eligibility as a survivor, or on a later date as described in 6003.C.

Other enrollment opportunities may apply as described in Section 6004.A.2.

The Effective Date of coverage will apply as described in Section 6005. The Member and all enrolled Family Members must be enrolled in the same plan or Medicare partner plan.

A. Length – A PIE ends on the 31st calendar day following the date it began, except as provided under 6003.B and 6003.C.5 or on the next business day if the last day of the PIE falls on a weekend or holiday.

B. Extensions for Illness/Accident – The Plan Administrator may grant an extension to Members 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 subsection A above.

Extensions cannot be granted to Members who fail to apply for enrollment or failure to provide information during their PIE. Members must be eligible for coverage as described in Section 6002. Other opportunities to enroll may be applicable as outlined in Section 6004.A.2.

C. Added Period of Initial Eligibility – Under the following circumstances described below, there is an added PIE. Members and Family Members must remain eligible for coverage as described in Section 6002.

1. Involuntary Loss of Coverage (ILOC) – A Member will have a new PIE if the Member and/or Family Member(s) were enrolled in other Health Coverage and the Member and/or Family Member(s) lose coverage involuntarily for any of the reasons below. The PIE begins on the day after the other group or individual coverage ends. Example: Other group or individual coverage ends on March 31; the PIE begins on April 1.

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- a. eligibility for the Health Coverage was lost due to legal separation, divorce or termination of domestic partnership, cessation of Family Member status (such as attaining maximum age for status as a child), death, or aging-in to Medicare and no Medicare version of current plan).
- b. loss of employer group coverage, including Faculty/Staff Benefits Program, as a result of termination of employment or reduction in hours (including UC employment) or termination of employer contributions towards health coverage (including UC contributions).
- c. the coverage was provided under COBRA and the entire COBRA coverage period was exhausted;
- d. the coverage was under Medicaid or a State children's health insurance program (CHIP) and eligibility for the coverage was lost; or
- e. coverage of foreign socialized medical plan was lost due to ineligibility such as moving outside of the country

Loss of eligibility, including COBRA, does not include 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).

If already enrolled in a University-sponsored plan, the Member may add eligible Family Members to that plan or enroll him/herself and eligible Family Members in a different University-sponsored plan. Certification of loss of coverage is required.

2. Disruption of Care Provider or Primary Medical Group

A Member may be given a new PIE to change to another medical plan if/when his or her current primary medical group's contract or arrangement with the medical plan is terminated or to follow their medical or behavior care provider, e.g., member enrolls in Medicare and their care provider does not accept Medicare under the current plan, but does under another UC medical plan.

The PIE, if permitted, begins the later of the date of UC's announcement of the termination, the date the carrier informs the member of the disruption, or the effective date of the care provider or medical group disruption or termination. If the Office of the President Human Resources has **not** made a system-wide announcement, the Member must submit proof of

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disruption from the medical group or care provider which indicates the effective date of the termination, with their enrollment form.

3. **Move Out of/Return to Plan Service Area – Service Area Restrictions** – If a Member moves out of the service area of their University-sponsored medical or dental plan, or who will be away from the service area for more than two months, they must enroll in another University-sponsored plan available in the new service area or suspend coverage. A Member may also change their medical or dental plan if a covered Family Member moves out of their service area (e.g. covered child moves for school).

Upon return to the service area, the Member will only have a PIE to reenroll him/herself and eligible Family Members in the same plan that he/she had at the time of the move out of area.

4. **Newly Eligible Family Member**

- a. The PIE begins the date the Family Member becomes newly eligible as defined in Part II, Section 1.C. Family Member Eligibility. If already enrolled in a University-sponsored plan, the Member 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 University-sponsored plan. If the Member is not enrolled, the eligible Member may enroll him/herself, the newly eligible Family Member and any other eligible Family Members in any University-sponsored plan for which they are eligible.
- b. If a legally adopted child is not enrolled during the PIE beginning with the date of the child being placed for adoption with the Member, or the date the Member or the Member'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.

5. **Eligibility for Medicaid or CHIP Premium Assistance Program** – If an eligible Member 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 Member may enroll him/herself and/or eligible Family Members in any University-sponsored plan. The PIE is 60 days.

6. **Insufficient Monthly Income**

If the monthly income from UCRP or other Qualifying Plan is not sufficient to cover the cost of Retiree Health Coverage, the

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Member may transfer to another, less costly medical plan or disenroll eligible Family Members. The PIE begins on the date the original coverage lapses.

7. Medicare-eligible Members Enrolled in Employee Medical Plans

Members who are enrolled as Family Members in the UC Health Coverage of an eligible employee, and who become eligible for all parts of Medicare as their primary coverage may discontinue their enrollment in UC Health Coverage and enroll in Retiree Health Coverage during the first Open Enrollment period that follows the date of their Medicare eligibility.

8. Medicare plan not available

Members and Family Members who are aging into Medicare and enrolled in a UC non-Medicare medical plan that does not have a Medicare version of their current plan will have a 31-day PIE to enroll in a new plan.

9. Medicare Coordinator Program (MCP)

Eligibility for UC sponsored medical coverage ends when an enrolled Member moves or is residing outside of California, but, within the US (excluding US territories), and once the Member and all enrolled Family Members are age 65 or older and enrolled in Medicare. The Member may elect to suspend UC sponsored medical coverage, or enroll in a medical plan through the Medicare Coordinator Program.

If a Member moves back to California, the Member may elect to enroll themselves and any eligible Family Members in UC-sponsored medical coverage during a future Open Enrollment period.

If a Member adds an eligible Family Member to their UC benefits who is not age 65 or not eligible for Medicare, medical coverage under the Medicare Coordinator Program will end and the Member may elect to suspend or enroll back into UC sponsored medical coverage.

6004. Enrollment/ Disenrollment

Administrative errors will not be the basis for including or excluding individuals.

- A. **Enrollment** in some medical and dental plans may be subject to certain “service area” restrictions and all enrolled Family Members must be enrolled in the same plan or corresponding Medicare partner plan.

The effective date of enrollment is subject to payroll processing deadlines and the provision of Section 6005.

Ineligible individuals may not be enrolled in Retiree Health coverage.

1. **Retiree Health Coverage Election** – Upon application of benefits as a Retired Member, Disabled Member, or Survivor, Members eligible for Retiree Health Coverage must also elect whether to continue, enroll in, suspend, or cancel Retiree Health Coverage.

Once the applicable enrollment form is processed, this election is irrevocable until there is another enrollment opportunity as described in subsection 2.

Enrollment is effective no sooner than the first of the month, coinciding with or following the effective date of retirement, disability, or survivor benefits.

2. **Other Enrollment Opportunities** – Members may apply for coverage for themselves and/or eligible Family Members in the following situations, subject to the terms and conditions of these GIRs and of the applicable medical and dental plans:

- a. **Period of Initial Eligibility** as described in Section 6003.C

- b. **Open Enrollment Period**

During the annual OEP announced by the Plan Administrator, Members may enroll (if coverage is suspended), enroll or disenroll eligible Family Members, transfer between Retiree Health Coverage plans or between Retiree or Survivor eligibility (if applicable), or elect to suspend enrollment in Retiree Health Coverage.

c. 90-Calendar Day Waiting Period

Except as otherwise provided below, if a Member does not enroll during a PIE or OEP, the Member may enroll themselves and eligible Family Members in medical coverage subject to a 90-day waiting period, beginning on the date the form is received by the RASC and subject to processing deadlines.

d. Adding Additional Children

If a Member has already enrolled at least one eligible child in coverage and wants to add another eligible child, they may do so at any time without regard to an OEP, PIE, or 90-day waiting period. Such coverage will be effective the 1st of the month following the date the enrollment form is received by the RASC and subject to payroll processing deadlines.

e. Medicare Re-enrollment

If a Member and/or Family Member has suspended or disenrolled from UC medical coverage due to Medicare non-compliance, the Member and/or Family Member may re-enroll in the UC-sponsored Medicare plan following proof of enrollment in Medicare and the approval of the required paperwork (to assign Medicare to the UC-sponsored Medicare plan) by the RASC and insurance carrier.

f. UCRP Disability Application Approval

If a Member has been approved for UCRP disability income and has not maintained continuous UC-sponsored coverage while their application is pending, the Member may enroll themselves and Family Members with an effective date that is within two months of their UCRP disability application approval date.

g. Family Member Eligibility Verification (FMEV)

An Eligible Family Member who was disenrolled from Retiree Health coverage due to non-compliance of Family Member Eligibility Verification (FMEV), as described in Section 6004.B.3, may be prospectively re-enrolled as soon as administratively feasible following compliance with the FMEV process by providing the necessary documentation sufficient to verify that the disenrolled individual is an Eligible Family Member.

h. Misuse of the Plan

If a Member or Family Member has been disenrolled due to Misuse of the Plan, as described in Section 6004.B.4, they may not be re-enrolled unless approved by the Plan

Administrator or insurance carrier. If re-enrollment is approved, coverage will be effective as soon as administratively feasible.

3. Rules on Duplicate University-Sponsored Coverage

Members and/or Family Members are not permitted to be enrolled in duplicate University-Sponsored Coverage.

Where duplicate coverage has inadvertently occurred, corrective action will be taken based on procedures outlined by the Plan Administrator and processing deadlines. The Member may be required to reimburse the University for any University-paid premiums resulting from the duplicate coverage.

a. A Member may:

- i. enroll in Retiree Health Coverage and cover any eligible Family Members who are not already enrolled in a UC-sponsored employee or Retiree Health Plan; or
- ii. enroll in their own UC-sponsored employee Health Coverage if eligible provided they suspend their Retiree Health Coverage; or
- iii. be enrolled as a Family Member of another Member or UC employee provided they suspend their Retiree Health Coverage.

b. Family Members may:

- i. be enrolled as a Family Member under one UC-sponsored health plan;
- ii. be enrolled as a Family Member if they are eligible for Retiree Health Coverage or UC-sponsored health on their own provided they either opt out of UC-employee health or suspend their Retiree Health Coverage.
- iii. enroll as a Member or a UC employee if they are eligible for UC-sponsored coverage on their own, provided they are disenrolled as a covered Family Member

- c. Where a Member is eligible for Retiree Health Coverage as both a Retired Member or Disabled Member and as a Survivor, all plan enrollments must be under one monthly benefit (i.e. Retired Member, Disabled Member, or Survivor) and cannot be split (i.e. enrolled in retiree

medical and survivor dental at the same time) or enrolled under both.

B. Disenrollment

1. Ineligibility

- a. Ineligible individuals enrolled in Retiree Health Coverage must be disenrolled.
- b. The Plan Administrator, the insurance carrier, or Medicare (if applicable) reserves the right to permanently disenroll ineligible individuals.
- c. Ineligible individuals include but are not limited to:
 - i. an individual (i.e., Member or Family Member) with duplicate University coverage as a Member, Employee, Reinstated Employee, or Family Member;
 - ii. an individual (i.e., Member or Family Member) who is enrolled or eligible to be enrolled in Full or Mid-level Faculty/Staff or Postdoc benefits as an Employee or a Reinstated Employee;
 - iii. any Family Members enrolled in Retiree Health Coverage under an ineligible Member;
 - iv. an ineligible Family Member;
 - v. surviving Family Members who do not meet the definition of continuing eligibility as Survivors under Section 6002.A.3;
 - vi. An enrolled Member or Family Member who is eligible for premium-free Medicare Part A and who failed to enroll in or maintain Medicare B and D.
 - vii. Any member who canceled their Retiree Health Coverage prior to 1/1/2005.
- d. Ineligible individuals are not entitled to COBRA continuation rights.

2. Suspension of Retiree Health Coverage

- a. A Member may suspend his or her enrollment in Retiree Health Coverage at any time. Any enrolled Family Members will also be disenrolled.

- b. A Member may disenroll Family Members at any time, subject to payroll processing deadlines and subject to CMS rules. The Member may reenroll their Family Members as outlined in A.2.
- c. A Member will be suspended if they become eligible for UC-sponsored employee Health Coverage as an Employee or a Reinstated Employee. Any enrolled Family Members will also be disenrolled.

A Member who is no longer eligible for UC-sponsored employee Health Coverage may reenroll in Retiree Health Coverage as described in Sections A.1 and A.2.

- d. Members who have suspended Retiree Health Coverage may reenroll themselves and any eligible Family Members for reasons described in Section A.2.

3. Family Member Eligibility Verification (FMEV) Failure.

Individuals enrolled by a Member as the Member's eligible Family Members will be disenrolled from Retiree Health Coverage if the Member fails to provide documents specified under the FMEV procedures as necessary to sufficiently verify that the enrolled individual is/are eligible for such coverage as outlined in Part 1.C.

4. 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, Section 2) 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 Member's plan identification card, threats or abusive behavior toward plan providers or representatives.

C. Recovery of Premiums

The Plan Administrator may work with the University locations and the carrier to seek recovery of any overpaid Member and University-paid premiums due to the retroactive enrollment or disenrollment of eligible or ineligible individuals in accordance with Section 6007.

6005. Effective Date

Coverage for Members begins on the date listed below. Coverage cannot begin before the first day of eligibility for Retiree Health Coverage and requires that the appropriate enrollment transaction is processed during the PIE. The 90-day Waiting Period applies to medical coverage only.

- A. During a Period of Initial Eligibility** – If the appropriate enrollment is requested in accordance with established Plan Administrator procedures during the PIE, coverage is effective the date the PIE began for non-Medicare members.

For Medicare Members, the effective date of enrollment will be the first of the following month after submission of the appropriate eligibility forms and subject to operational procedures and CMS enrollment guidelines.

A form (UBEN100) to suspend oneself or cancel a Family Member from coverage is effective the last day of the month in which the RASC receives it for non-Medicare members. Medicare members must complete an additional form (UBEN101) to suspend (or cancel a member) for the same end-of-month effective date.

- B. During an Open Enrollment Period** – Open enrollment changes will be effective January 1, or an alternate date as determined by the Plan Administrator.
- C. 90-Day Waiting Period.** If the 90-day Waiting Period under Section 6004.A.2.b. applies, coverage for non-Medicare plans is effective the 91st consecutive calendar day after the enrollment form is received by RASC or effective the 1st of the following month for Medicare plans. The 90-Day Waiting Period applies to medical coverage only.

6006. University Contribution

For a Retired Member, Disabled Member, or Survivor who meets the eligibility criteria for Retiree Health Coverage under Section 6002, the University may contribute toward Retiree Health Coverage (Medical and Dental Plan premium) and the Medicare Coordinator Program as described in this section. The Plan Administrator sets the amount of the maximum University contribution, which may increase or decrease at any time. The Member is responsible for any net premium amount.

The amount of the University contribution toward the cost of Retiree Health Coverage for the Member and their enrolled Family Members is based on the Member's Eligibility Group as follows:

A. Eligibility Group 1

A Retired Member or Disabled Member in Eligibility Group 1 or a Survivor of an Active, Retired, or Disabled Member in Eligibility Group 1 will receive 100% of the University's maximum contribution toward the cost of Retiree Health Coverage

B. Eligibility Group 2

1. A Retired Member in Eligibility Group 2 who has 10 or more years of Service Credit or meets the "Rule of 75" will receive a percentage of the University's maximum contribution toward the cost of Retiree Health Coverage. This contribution is based on the age and years of Service Credit of the Retired Member in whole years as of their Retirement Date as outlined in the table below:

Years of Service Credit	% of UC's Maximum Contribution Amount
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10 or "Rule of 75"	50%
11	55%
12	60%
13	65%
14	70%
15	75%
16	80%
17	85%
18	90%
19	95%
20+	100%

* "Rule of 75" means that age plus whole years of Service Credit equals at least 75.

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2. The Survivor of a deceased Retired Member will receive the same percentage of the University's maximum contribution based on the years of Service Credit in whole years at the Retirement Date of the deceased Retired Member (including the application of the "Rule of 75").
3. A Disabled Member will receive a minimum of 50% of the University's maximum contribution toward the cost of Retiree Health Coverage or the percentage based on their years of Service Credit in whole years as of their Disability Date, if greater.
4. A Disabled Member who elects to become a Retired Member with a Retirement Date within 120 days of disability income ending, will receive a minimum of 50% of the University's maximum contribution toward the cost of Retiree Health Coverage, or if greater, the percentage based on their Service Credit in whole years as of their Retirement Date, including Service Credit accrued while a Disabled Member.
5. A Survivor of a deceased Active Member or Disabled Member will receive at least 50% of the University's maximum contribution toward the cost of Retiree Health Coverage or the percentage based on the deceased Member's years of Service Credit in whole years as of the Active Member or Disabled Member's date of death, if greater.

C. Eligibility Group 3

1. A Retired Member in Eligibility Group 3 who is age 56 or older and has 10 or more years of Service Credit as of their Retirement Date will receive a percentage of the University's maximum contribution toward the cost of Retiree Health Coverage. This contribution is based on the age and years of Service Credit of the Retired Member in whole years as of their Retirement Date, as outlined in the table below.

A Retired Member who is under age 56 is not eligible for a University contribution toward Retiree Health Coverage.

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Group 3 Graduated Eligibility Formula (percentage of the University's maximum contribution)												
Years of UCRP Service Credit at Retirement		50-55	56	57	58	59	60	61	62	63	64	65
	10	0%	5.0%	10.0%	15.0%	20.0%	25.0%	30.0%	35.0%	40.0%	45.0%	50.0%
	11	0%	5.5%	11.0%	16.5%	22.0%	27.5%	33.0%	38.5%	44.0%	49.5%	55.0%
	12	0%	6.0%	12.0%	18.0%	24.0%	30.0%	36.0%	42.0%	48.0%	54.0%	60.0%
	13	0%	6.5%	13.0%	19.5%	26.0%	32.5%	39.0%	45.5%	52.0%	58.5%	65.0%
	14	0%	7.0%	14.0%	21.0%	28.0%	35.0%	42.0%	49.0%	56.0%	63.0%	70.0%
	15	0%	7.5%	15.0%	22.5%	30.0%	37.5%	45.0%	52.5%	60.0%	67.5%	75.0%
	16	0%	8.0%	16.0%	24.0%	32.0%	40.0%	48.0%	56.0%	64.0%	72.0%	80.0%
	17	0%	8.5%	17.0%	25.5%	34.0%	42.5%	51.0%	59.5%	68.0%	76.5%	85.0%
	18	0%	9.0%	18.0%	27.0%	36.0%	45.0%	54.0%	63.0%	72.0%	81.0%	90.0%
	19	0%	9.5%	19.0%	28.5%	38.0%	47.5%	57.0%	66.5%	76.0%	85.5%	95.0%
	20 +	0%	10.0%	20.0%	30.0%	40.0%	50.0%	60.0%	70.0%	80.0%	90.0%	100.0%

2. The Survivor of a deceased Retired Member will receive the same percentage of the University's maximum contribution based on age and years of Service Credit of the deceased Retired Member in whole years as of their Retirement Date.

3. Disabled Members will receive a minimum of 50% of the University's maximum contribution toward the cost of Retiree Health Coverage or the percentage based on their age and years of Service Credit in whole years as of their Disability Date, if greater.

4. A Disabled Member who elects to become a Retired Member with a Retirement Date within 120 days of disability income ending, will receive a minimum of 50% of the University's maximum contribution toward the cost of Retiree Health Coverage, or if greater, the percentage based on their age and Service Credit in whole years as of their Retirement Date, including Service Credit accrued while a Disabled Member.

5. A Survivor of a deceased Disabled Member or Active Member will receive a minimum of 50% of the University's maximum contribution toward the cost of Retiree Health Coverage, or if greater, the percentage based on the age and years of Service

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Credit in whole years as of the deceased Disabled Member or
Active Member's date of death.

6007. Premiums

- A. Payment** – Premiums are paid in advance by deduction from the Member's UCRP monthly payment or the Member's monthly payment from a Qualifying Plan (i.e. CalPERS). If the Member's monthly payment is insufficient to cover the premiums or the Member does not receive a monthly payment from UCRP (i.e., OCERS, Savings Choice Retiree), the Member may schedule a direct payment in advance with the RASC.

If a Member is enrolled in a Medical or Dental Plan and/or makes plan changes mid-month, the Member will be charged the new plan premium beginning the first of the month following the Effective Date. If the Effective Date is the first of the month, the plan premiums will be charged as of the Effective Date.

Premiums will not be refunded retroactively prior to the Effective Date or Termination of Coverage.

- B. Recovery of Plan Premiums-** Members are responsible for payment of any uncollected plan premiums that remain due and outstanding for any reason, including, but not limited to, changes in eligibility, disenrollment in Medicare, retroactive, late, and other enrollment changes resulting in a change in plan premiums, insufficient bank funds or pension benefit payment from which plan premiums were to be deducted, missed premium payments, or failure to make direct payments.

Any unpaid plan premiums that remain due and outstanding may be recovered by UC, on behalf of the plan or for itself, to the extent permitted by law, including, but not limited to, initiating civil litigation and deducting from future pension benefit payments payable from the UCRP or other Qualifying Plan to the Member or their Eligible Survivor, Contingent Annuitant, or Beneficiary.

- C. Recovery of Overpayment-** Members are responsible for the repayment of any plan premiums paid by UC on the Member's behalf resulting in the overpayment of plan premiums for any reason, including, but not limited to, changes in eligibility, Medicare disenrollment, retroactive disenrollment, other enrollment changes resulting in changes to plan premiums.

Any overpaid plan premiums that remain outstanding may be recovered by UC, on behalf of the plan or for itself, to the extent permitted by law, including, but not limited to, initiating civil litigation and deducting from future pension benefit payments payable from the UCRP or other Qualifying Plan to the Member or their Eligible Survivor, Contingent Annuitant, or Beneficiary.

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- D. Rate Changes-** Rate changes are made when the contract is renewed, when required by contract amendments, or when the Member makes changes to Retiree Health Coverage, including changing plans or enrolling or disenrolling Family Members.

6008. Actions Which Affect Coverage

The following situations will result in a loss or termination of coverage as described in Section 6009. A Member or Family Member may continue coverage as provided in Sections 6010 and 6011.

The University may recover from the Member any premium cost incurred due to enrollment of ineligible individuals subject to the terms in Section 6004.B. See Section 6007 for recovery of unpaid plan premiums or overpayments.

- A. Unpaid Premiums** – If premiums cannot be deducted from the Member's UCRP monthly payment or monthly payment from a Qualifying Plan and the Member has not set up direct payment with the RASC or if the Member fails to make a direct payment in advance, coverage lapses retroactively to the first day of the first month for which a premium was missed.
- B. Loss of Family Member Eligibility** – The Member may not continue to cover a Family Member who loses eligibility (see examples below). The Member must disenroll the Family Member from the plan within 31 days of ineligibility.

Regardless of the date of disenrollment, Family Member 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. Examples of loss of Family Member eligibility include but are not limited to:

- 1. Divorce/Legal Separation/Annulment/Termination of Domestic Partnership** – Eligibility stops at the end of the month in which the divorce/legal separation/annulment/termination of domestic partnership is final.
- 2. Adult Dependent Relative** – For a covered adult dependent relative, 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, the day the individual becomes eligible for Medicare.
- 3. Overage/Ineligible Child or 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 (such as loss of tax dependency of a grandchild). This age provision does not apply to qualifying disabled children.

- 4. Eligibility for UC Employee Health Coverage** – Eligibility ceases for a Family Member who is eligible for UC Health Coverage as an employee.

A Family Member who loses eligibility for UC Health Coverage incurs an ILOC and may be reenrolled in the Member's Retiree Health Coverage within 31 days or during a subsequent open enrollment period.

- 5. Failure to comply with Family Member Eligibility Verification (FMEV)** – Eligibility for Family Members will cease if the Member fails to comply with the FMEV procedures or the submitted documentation does not support Family Member eligibility as outlined in Part 1.C.

- C. Termination of Eligibility** – Retiree Health Coverage for Members and Family Members ends on the last day of the following month in which the Member dies or the Survivor or Disabled Member loses eligibility for a monthly payment from UCRP or a Qualifying Plan. (i.e., if income ends June 30, eligibility ends July 31).

- D. Eligibility for UC Employee Health Coverage** – Effective July 1, 2025, Retiree Health medical coverage must be suspended for a Member and/or any covered Family Member who becomes eligible through UC Health Coverage as an employee, regardless of whether they elect to enroll in UC Health Coverage or not.

Members who are in UC Health Coverage and lose eligibility incur an ILOC and may reenroll in Retiree Health medical coverage within 31 days or during a subsequent open enrollment period. Members who do not enroll in UC Health Coverage and lose eligibility may reenroll during a subsequent open enrollment period.

- E. Eligible Employee** – Retired or Disabled Members who become Eligible Employees must terminate all Retiree Benefits Program for themselves and any enrolled Family Members.

Members may reenroll in Retiree Health Coverage upon their subsequent retirement or if they are approved for UCRP Disability.

- F. Failure to enroll in Medicare** – Members or their enrolled Family Members who fail to enroll or fail to assign Medicare to their UC-sponsored medical coverage as outlined in Section 6002.B will;

- a) remain in a UC-sponsored non-Medicare plan if they do not elect to suspend coverage and will be assessed a monthly non-refundable administrative penalty (the administrative penalty will be three times the Medicare Part B premium as adjusted by CMS)

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for each individual who has not complied with Medicare based on the procedures established by the Plan Administrator and;

- b) if the Member and/or enrolled Family Member does not comply with enrolling in Medicare or assigning Medicare to their UC-sponsored medical coverage by the next General Enrollment Period (GEP) as defined by the CMS, they will be disenrolled from UC-sponsored medical coverage based on the procedures established by the Plan Administrator.

Members and Family Members who have elected to suspend UC-sponsored medical coverage or were disenrolled may be granted a PIE to reenroll or may enroll during open enrollment provided they have established their Medicare enrollment and assigned Medicare to their UC-sponsored Medicare plan as outlined in Section 6002.B.

G. Failure to Maintain Medicare Enrollment – Members or their enrolled Family Members who fail to maintain Medicare enrollment or assignment to their UC-sponsored medical coverage as outlined in Section 6002.B will;

- a) be transferred to their UC-sponsored non-Medicare partner plan if they do not elect to suspend coverage and will be assessed a monthly non-refundable administrative penalty (the administrative penalty will be three times the Medicare Part B premium as adjusted by CMS) for each individual who has not complied with Medicare based on the procedures established by the Plan Administrator and;
- b) if the Member and/or Family Member does not reenroll in Medicare or reassign Medicare to their UC-sponsored medical coverage by the next GEP, they will be disenrolled from UC-sponsored medical coverage based on the procedures established by the Plan Administrator.

Members and Family Members who have elected to suspend UC-sponsored medical coverage or were disenrolled may be granted a PIE to reenroll or may enroll during open enrollment, provided they have established their Medicare enrollment and reassigned Medicare to their UC-sponsored Medicare plan as outlined in Section 6002.B.

6009. Termination of Coverage

A. Termination Events – Coverage ends on the earliest of the following dates:

- the last day of the month for which premiums were paid, or
- the last day of the month in which the Member dies if not covering Family Members, or
- the last day of the month following the month in which the Member dies if covering eligible Family Members, or
- the last day of the month following the month in which the Disabled Member or Survivor loses eligibility to receive income from UCRP unless eligible as a Retired Member, or
- the last day of the month in which a request is received by the RASC to suspend the Member's Retiree Health Coverage or disenroll an eligible Family Member, or
- last day of the month in which the Member ceases to be eligible for medical coverage due to Medicare non-compliance as outlined in Sections 6008.F and 6008.G or transitions to the Medicare Coordinator Program as outlined in Section 6003.C.9, or
- the day the group contract between the University and the carrier is terminated; or
- the last day of the month in which an enrolled Family Member ceases to be an eligible Family Member.

Coverage for any enrolled Family Members will cease when coverage for the Member terminates unless the Family Member is eligible for coverage as a Survivor.

When the enrollment is terminated or suspended, a Family Member is disenrolled, or a transfer between plans is made, premium adjustments will be administered as of the Effective Date of the change if it falls on the first of the month; otherwise, such adjustments will be made on the first of the following month.

Administrative error, alone, is not the basis for an extension of coverage past the date it would otherwise end.

B. Premiums – See Section 6007 for recovery of plan premiums or overpayments.

6010. Continued Group Coverage (COBRA)

Upon termination of Retiree Health Coverage as described above, 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.

Ineligible individuals are not entitled to COBRA continuation rights in accordance with Section 6004.B.1.

6011. Conversion

Medical Plans - Certain plans may be converted to an individual plan offered by the carrier when coverage terminates as a result of the end of the COBRA continuation period, or other loss of eligibility. Conversion is not automatic. The terms regarding the availability of conversion to an individual plan are determined by each plan and may not be available in all cases. The Retired Member and each Family Member must apply for conversion with the carrier to continue coverage, and the carrier must receive the conversion application and the required premium within 31 days of the date the group coverage ends.

Dental Plans - There is no conversion option for the Dental Plan; the terms regarding the availability of an individual plan are determined by each plan.