Health Care Flexible Spending Account

Summary Plan Description

For Postdoctoral Scholars

UNIVERSITY
OF
CALIFORNIA

Plan Year 2026

This Summary Plan Description describes the Postdoctoral Scholars Health Care Flexible Spending Account as of January 1, 2026

IMPORTANT INFORMATION FOR THE 2026 PLAN YEAR

PLAN LIMIT

- Annual Maximum: $3,300.00
- Annual Minimum: $180.00

CARRYOVER AMOUNT

The deadline for filing Health Care FSA claims for expenses incurred during the 2026 plan year is April 15, 2027.

CARRYOVER AMOUNT

The carryover amount for the 2026 plan year is $680. Any unused balance up to $680 may be rolled forward to the 2027 plan year. A participant must be actively enrolled in the plan as of Dec. 31, 2026 to be eligible for the carryover to the following year.

RE-ENROLLMENT REQUIREMENT

You need to enroll in the plan every year. Your enrollment will not continue into the next plan year automatically. To continue participation in the plan, you must elect an annual contribution amount during Open Enrollment.

Health-related expenses can come in many forms—and not all of them are covered by your medical, dental and vision plans. Fortunately, the university's Health Care Flexible Spending Account for Postdoctoral Scholars allows you to set aside pretax money each year for such expenses, helping you budget for these costs and saving you money on taxes.

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How the Health Care FSA Works

UC offers benefits-eligible employees the opportunity to pay certain health care expenses with tax-free dollars through the Health Care Flexible Spending Account (Health Care FSA). Each year, you decide whether to participate and how much you want to contribute to your Health Care FSA. The amount you specify is taken in monthly installments from your paycheck, before federal, Social Security (FICA) and most state taxes are calculated.

You have until Dec. 31 to incur expenses for reimbursement in your account and you may carry over up to $680 in unused funds from one year to the next. You need to file claims by April 15 of the following year.

Because your FSA contributions reduce your taxable income, participation will lower your taxes. For example, if you're in a 20 percent tax bracket, each $100 you contribute to the FSA could save you $20 in taxes. Check with your tax advisor for details. Choose your contribution level carefully; any money left in your account in excess of the $680 carryover limit will be forfeited.

ELIGIBILITY

Employees in the following job codes who are eligible for the Postdoctoral Scholars Benefit Plan may participate in the Health Care FSA:

- Postdoctoral Scholar Employee (Job Code 3252)
- Postdoctoral Scholar Employee NEX (Job Code 3255)
- Interim Postdoctoral Scholar Employee (Job Code 3256)

Postdocs must receive taxable wages to be eligible for the Health Care FSA. Income from grants, scholarships or "Direct Pay" status are not eligible for FSA deductions. Earnings received under the following job codes cannot be included in Health Care FSA deductions:

- Postdoctoral Scholar Fellows (Job Code 3253)
- Postdoctoral Scholar Paid Directs (Job Code 3254)

Individuals in appointments with ineligible job codes (and no simultaneous eligible job code) may not participate in the postdoc Health Care FSA.

If your spouse is covered by a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) through their employer, you may not participate in the Health Care FSA.

WHEN TO SIGN UP

You need to enroll each year if you want to participate. You may enroll when you first become eligible, usually during your first 31 days as a newly eligible employee. After that, you may sign up each year during Open Enrollment, usually in November.

You may also enroll during the year if you have a family or employment status change. See the chart, "Midyear Changes Allowed for the Health Care FSA," on page 7 for details on allowable changes.

HOW TO ENROLL

As a new employee and during Open Enrollment, you may enroll by logging in to your account on UCPath, at ucpath.universityofcalifornia.edu. If you do not have access to the internet, you can ask your local Postdoctoral Scholar Coordinator to provide you a form to complete enrollment.

WHEN COVERAGE BEGINS

If you enroll when you're first eligible or after a family or employment change, your coverage starts the first day of the month following your enrollment, subject to payroll deadlines. If you sign up during Open Enrollment in the fall, the effective date is the following Jan. 1.

Use It or Lose It
Remember that you may carry over up to $680 of unused funds from the previous plan year into the next year. You'll lose any money in excess of $680 if you don't use it during the year. You can't receive the unused portion in cash. So it's important to estimate your expenses carefully. You must be enrolled in the plan as of Dec. 31 to be eligible for carry-over. Check out the online calculator to estimate your tax savings: wexinc.com/resources/benefits-toolkit/fsa-calculator/.

WHO IS COVERED

Your Health Care FSA can be used to cover eligible expenses incurred by you, your spouse or your eligible dependents as defined by IRS rules. The list of eligible dependents includes:

- Your children up to age 26
- Your spouse
- Your domestic partner, if your partner is your tax dependent
- Your registered domestic partner's children if you are considered their stepparent under state law
- Your tax dependent

The eligibility rules for spouses and dependents are established by the IRS and are different from UC rules for eligibility for other plans.

PROGRAM ADMINISTRATION

The Health Care FSA is administered on behalf of UC by WEX. All claims for expenses should be submitted to WEX. For more information about WEX or accessing your account, please check the website: uc-fsa.com.

HOW MUCH YOU CAN CONTRIBUTE

The minimum annual contribution is $180; the maximum is $3,300 in 2026. If you and your spouse are both UC employees, you may each contribute up to $3,300 per year.

ELIGIBLE AND INELIGIBLE EXPENSES

The Internal Revenue Code, section §213(d), and your UC plan set the rules determining which expenses can be paid with your FSA funds. Generally, eligible expenses are those not covered by your medical, dental or vision plans. They must be meant to diagnose, cure, mitigate, treat or prevent illness or disease.

Some eligible expenses include:

- Copayments and deductibles
- Payments for prescription drugs
- Over-the-counter medications
- Menstrual products
- Contact lenses and eyeglasses
- Durable medical equipment like crutches and wheelchairs
- Transportation for medical care
- COVID home care tests and personal protective equipment (PPE) supplies

Expenses reimbursed under the Health Care FSA can't be deducted on your tax return. Also, you can't use the Health Care FSA to be reimbursed for expenses that are eligible for reimbursement through another plan or program.

Some examples of ineligible expenses include:

- Insurance premiums
- Personal use items like toothpaste and cosmetics
- Family or marriage counseling

For a detailed list of eligible and ineligible expenses, please see the WEX website; select "Employee" drop down and "Eligible Expenses"—you will be able to search for eligible expenses through a Search function.

It's your responsibility to make sure that any expenses you submit are eligible under the IRS rules.

WHEN YOU CAN USE THE FUNDS

Your entire annual contribution is available to you beginning the first day of the plan year. That means you may withdraw funds—up to the total amount you elect to contribute for the plan year—to cover eligible expenses at any time during the year.

For example, say you've elected to contribute $2,400 for the year, so that $200 is deducted from your paycheck each month. In April you have surgery, which requires a $1,500 co-payment. You can be reimbursed the full $1,500 in April even though you've only contributed $800 to the plan between January and April.

Expenses are considered to have been incurred when you (or your spouse, partner or dependents) are provided with the care—not when you are billed, charged or pay for it.

HOW THE CARRYOVER PERIOD WORKS

If you have funds left over at the end of the plan year, you may carry over $680 to the following year even if you do not re-enroll for the next plan year.

If you do not re-enroll for the next plan year, you must have at least $25 remaining in your account after the run-out period to be able to carry over funds to the next plan year. Funds under $25 are forfeited. You are eligible to receive the carryover funds automatically as long as you are an eligible UC employee actively enrolled in the plan on December 31 of the plan year. If you terminate employment or cancel your plan participation before December 31, you are not eligible to have the plan balance carry over to the next plan year.

The carryover balance will be determined by WEX by December 31 each year, and the amount will appear in your account automatically in the following year.

The IRS "use-it-or-lose-it" rule still applies. To avoid forfeiting any funds, it is important to spend down your account by December 31. After the end of the run-out period you lose any money left in your account in excess of the carryover limit of $680. Per IRS rules, forfeited funds will not be returned or transferred to another account.

For example, you contributed $1,200 to your Health Care FSA, but claimed only $500 of eligible expenses by December 31 of the plan year. You have until April 15 of the following plan year to request additional reimbursement for $700 of eligible claims incurred prior to December 31. If you don't claim the remaining $700 unused balance, only $680 will be carried over in the following year. The $20 balance will be forfeited.

The carryover does not count towards the annual contribution limit of $3,300. You can choose to contribute up to $3,300 even if you carry over $680 from the previous year.

HOW TO TRACK YOUR BALANCE

You can check your balance anytime online or in the mobile app. Each time a reimbursement is issued, you'll receive an Explanation of Benefits, either posted to your online account (if reimbursed by direct deposit) or via U.S. mail (if reimbursed by check), that reflects your current account balance. Toward year's end, you'll receive a statement of year-to-date account activity to ensure you are aware of your remaining balance.

HOW TO CHANGE OR CANCEL CONTRIBUTIONS

Certain changes to your family or employment status may allow you a new 31-day window during which you may start or cancel participation or change your contribution amount. The chart, "Midyear Changes Allowed for the Health Care FSA," on page 7 shows the details. The changes you make to your participation in the plan must be made on account of, and consistent with, the change(s) in your family or employment status. You can't make changes retroactively. If you stop participating, you can't be reimbursed for expenses incurred after the coverage end date.

Transferring to a different UC location while retaining an eligible Postdoctoral Scholar job code does not provide a new period of enrollment or the opportunity to make mid-year changes.

Log on to UCPath to make eligible changes through your online account.

WEX MOBILE APP
Learn more about the WEX mobile app at wexinc.com/products/benefits/flexible-spending-account-fsa/ or download from the Apple App Store or Google Play by searching for "Benefits by WEX."

Midyear Changes Allowed Under Health Care FSA

In this chart:

- "Dependent" means anyone who is your tax dependent, such as a child, domestic partner, parent, sibling or in-law
- "Health plan" includes a medical, dental or vision plan; "Health Care FSA" means a health flexible spending account

Event	Actions Allowed			
	Enroll	**Increase Contribution**	**Disenroll**	**Decrease Contribution**
Change in your marital status				
You marry*	Yes	Yes	No	No
You marry* and either: You and/or your dependent become eligible under and enroll in your new spouse's employer's health plan, or Your spouse is enrolled in their employer's Health Care FSA	No	No	Yes	Yes
You lose your spouse through death, divorce, legal separation or annulment	No	No	No	Yes
You lose your spouse through death, divorce, legal separation or annulment, and you/your dependents lose coverage under your spouse's employer's health plan or Health Care FSA.	Yes	Yes	No	No
Gain or loss of a dependent				
You gain an eligible dependent (for example, through birth, adoption)	Yes	Yes	No	No
You lose an eligible dependent or a dependent loses eligibility (for example, through death, or when an individual is no longer financially supported by you, or your child no longer satisfies the age requirements for health coverage)	No	No	Yes	Yes
Change in employment status				
You gain eligibility for and enroll in UC's Health Care FSA, because you start employment or have an employment status change	Yes	No	No	No
Your spouse or dependent gains eligibility for and enrolls in own employer's Health Care FSA, or enrolls self and you in own employer's health plan, because your spouse/partner starts employment or has an employment status change	No	No	Yes	Yes
Your spouse or dependent loses eligibility for own employer's Health Care FSA or health plan because your spouse/partner ends employment or has an employment status change	Yes	Yes	No	No

***Marriage to an Existing Domestic Partner**
Marriage to an individual who is already an enrolled domestic partner does not constitute a Period of Initial Eligibility (PIE) for making mid-year changes to FSA elections. At the University of California, eligibility for benefits is equivalent for registered domestic partners and spouses. Because marriage in this circumstance does not result in a change in benefits eligibility, the "consistency rule" provides that no PIE is triggered.

Event	Actions Allowed				
	Enroll	**Increase Contribution**	**Disenroll**	**Decrease Contribution**	**Example**
Change in employment status					
You are initially hired into a non-eligible Postdoc Job code, then obtain an appointment in an eligible Postdoc job code that is benefits primary	Yes	N/A	N/A	N/A	You are initially hired with job code 3254, then mid-year are changed to job code 3252 in a benefits-primary appointment
You obtain a new appointment eligible for a **different** benefits program, with no break in employment [1]	Yes – You may enroll in the Health FSA plan for which you become newly eligible	Yes – You may increase your election amount in the new plan relative to the amount you elected under the previous Health FSA plan	Yes – You may disenroll from the Health FSA plan for which you are no longer eligible	Yes – You may decrease your election amount in the new plan relative to the amount you elected under the previous Health FSA plan	Postdoc to Faculty/Staff, Resident to Faculty/Staff, Resident to Postdoc, etc. Benefits program is irrelevant since you are given a PIE as though a new hire. The new election becomes effective on the first of the following month.
You are rehired 120 days or more after termination into the **same** or a **different** benefit program [1]	Yes	Yes – You may increase your election amount relative to the amount you elected under your prior appointment	Yes	Yes – You may decrease your election amount relative to the amount you elected under your prior appointment	Benefits program is irrelevant since you are given a PIE as though a new hire. The new election becomes effective on the first of the following month.
You are rehired less than 120 days after termination into a position that is eligible for the **same** benefits program	Reinstate as of date of rehire	No	No	No	You are rehired with the same benefits program as prior to termination
You are rehired less than 120 days after termination into a position that is eligible for a **different** benefits program [1]	Yes – You may enroll in the Health FSA plan for which you become newly eligible	Yes – You may increase your election amount in the new plan relative to the amount you elected under the previous Health FSA plan	Yes – You may disenroll from the Health FSA plan for which you are no longer eligible	Yes – You may decrease your election amount in the new plan relative to the amount you elected under the previous Health FSA plan	Postdoc to Faculty/Staff, Resident to Faculty/Staff, Resident to Postdoc, etc. You are given a PIE as though new hire. The new election becomes effective on the first of the following month.
You lose Health FSA eligibility for 120 days or more due to change in job code, then regain Postdoc Health FSA eligibility Or, you lose eligibility for less than 120 days, then regain eligibility in a new plan year	Yes	Yes	Yes	Yes	You change from job code 3252 (FSA eligible) to 3254 (FSA non-eligible), then back to 3252
You lose Health FSA eligibility for less than 120 days due to change in job code, then regain Postdoc health FSA eligibility in the same plan year	Reinstate	No	No	No	You change from job code 3252 (FSA eligible) to 3254 (FSA non-eligible), then back to 3252

[1] If you move from the Postdoctoral Scholars Benefit Program to the Faculty/Staff benefits program mid-year, you may choose the HealthSavings+ with Health Savings Account as your medical plan. However, if you do so, you will not be eligible to enroll in the Faculty/Staff Health FSA for the remainder of the calendar year. IRS rules prevent simultaneous enrollment in an HSA and Health FSA.

How to Get Reimbursed

When you incur an eligible expense, you can be reimbursed in one of two ways.

- Use the WEX card. It works like a debit card, deducting the expense from your FSA balance automatically. You can use it to pay for eligible expenses right away and submit any required documentation later, if required. (See the "Documentation" section on page 10 to learn more about what may be required.)
- Pay with cash or by check and then submit an electronic claim in your online account or mobile app, or submit a paper claim form to WEX, along with an Explanation of Benefits statement or other appropriate documentation of the eligible expense. (You can download claim forms at WEX.) WEX will then reimburse you, either by direct deposit to your bank account or by check.

Either way, remember that you'll need to file all your claims and documentation by April 15 of the year following the plan year. Mailed claims must be postmarked by April 15; you may also fax claims to the number on the form.

REIMBURSEMENT AMOUNTS AVAILABLE FOLLOWING A PERMITTED ELECTION CHANGE EVENT

You cannot be reimbursed for more than the amount you have already contributed or claimed, following a change in status event.

For example, John, a monthly paid employee, elects to contribute $2,300 to his Health FSA for the year. He is terminated on March 31 after contributing $575.01 and incurring $2,000 in eligible medical expenses. On September 15, John is rehired and elects a new Health FSA with an annual contribution of $2,600, effective October 1. John's deductions are $866.67 per month for the remaining three months of the year. His total annual contribution is $3,175 ($575.01 + $2,600). After subtracting the $2,000 in medical expenses he was reimbursed earlier in the year, John can claim up to an additional $1,175.01 in eligible expenses ($3,175 - $2,000) incurred between October 1 and December 31.

Note that for any mid-year increase in contributions, the amount of the increase is available to cover expenses incurred on or after the first of the month following the election of the increased amount, in accordance with IRS guidance.

When you make a mid-year election, the amount of the election is allocated across the remaining pay periods of the year, ensuring that the full amount of the election is contributed.

REIMBURSEMENT VIA THE WEX CARD

When you enroll in the Health Care FSA, WEX will send you two benefit cards. You can request additional cards by logging on to your account at the WEX website at uc-fsa.com, or calling WEX at 844-561-1338.

You can use your benefit card to pay for care at many locations, such as medical, dental and vision care providers, hospitals and clinics. You may also use your card for eligible items at grocery stores, discount stores and pharmacies that use an Inventory Information Approval System (IIAS). You'll need to use another form of payment for any non-eligible items.

REIMBURSEMENT VIA A CLAIM FORM

If you pay for your expenses with cash, check or a credit card, you'll need to fill out a claim form and provide appropriate documentation to substantiate your expense. (See the "Documentation" section for more about this.) You may file your claim form and documentation in one of three ways:

ONLINE

Log in to your account at uc-fsa.com, click "Submit a Claim" and complete the applicable fields. You can submit your Explanation of Benefits statement or receipt through your online account.

BY MAIL OR FAX

Log in to your account at uc-fsa.com to download the reimbursement form. Submit your completed form and supporting documentation by mail or fax, as noted on the form.

BY MOBILE APP

Upload your claims and documents using the WEX app on your mobile phone, available at the Apple App Store and Google Play (search for "Benefits by WEX"). You can use your phone to take a photo of your supporting documentation to complete your submission.

Whichever method you use, don't forget to sign the claim form yourself; claims signed by your spouse, or another family member will be returned. And you should request and save all receipts for at least one year after the end of the plan year. If any questions arise about a claim, you may be required to provide supporting documentation.

Once WEX receives your completed claim and required documentation, they will reimburse you via check or direct deposit (To set up direct deposit, log in to your account at uc-fsa.com). WEX will process your claim within three business days. WEX has the authority to deny a claim that is not consistent with the terms of the plan; for example, if the claim is for an ineligible expense or if the claim is submitted after the deadline.

How to Get Reimbursed

To avoid possible forfeiture of funds, please cash checks promptly. Reissuance of stale checks is at the discretion of WEX and UC. Please note that UC is not obligated to return any funds that have gone stale. It is your responsibility to deposit the check promptly to avoid forfeiture.

DOCUMENTATION

If you use your benefits card, certain categories of expenses are substantiated automatically, so you don't need to submit documentation. However, you should keep your receipts in case WEX asks for them. The IRS requires every benefit card transaction be validated as a qualifying expense. These categories include:

- Copay matching, in which the expense matches your copayment for your employer's medical, dental, vision or other eligible health-related plan. For example, if your doctor requires a $20 co-pay for office visits and you make a payment to a physician's office for $20, you don't need to submit documentation of the visit.
- Recurring expenses, in which an initial expense with a provider is followed by other expenses of the same amount and duration with the same provider. You'll need to provide substantiating documents for the first expense, but once that's been approved, not for the subsequent ones.
- IIAS-approved expenses, in which you purchase an FSA-eligible item from a merchant who uses an IIAS (see box below) including over-the-counter medications.
- Electronic filing, in which your insurer or other provider sends your claim information directly to WEX and the electronic file includes the provider's confirmation of the amount and nature of the expense.

If your expense isn't automatically substantiated via one of the methods above, WEX will notify you that documentation is required. You'll need to provide appropriate documentation within the time requested or your claim will be denied. Additionally, your benefit card could be deactivated and your transaction amount reclassified as taxable income.

IIAS-CERTIFIED MERCHANTS

The IIAS (Inventory Information Approval System) was created to validate eligible FSA expenses at the point of sale. Non-health care merchants, such as supermarkets, discount stores, wholesale clubs, web-based providers and pharmacies, are required to have the IIAS in place in order to accept electronic payment from health care FSAs. Participants will be unable to use the debit card at non-health care merchants and pharmacies that do not use the IIAS.

If you don't use your benefits card to pay an expense and you submit it for reimbursement, you'll need to submit documentation from an independent third party (for example, an insurance carrier's Explanation of Benefits form or a detailed statement from the service provider) to substantiate the claim.

Here are some examples of appropriate documentation. (Note that credit card receipts, cancelled checks and balance forward statements aren't acceptable.)

- For office visits: Your insurance plan's Evidence of Benefits statement, or an itemized receipt or bill from the provider. It should include the provider's name, the patient's name, a description of the service, the original date of service and your portion of the charge.
- For prescription drugs: A pharmacy statement showing the patient's name, the prescribing physician, the prescription number, the name of the drug, its cost and the date the prescription was filled.

ORTHODONTIC EXPENSES

Because orthodontic treatment often requires that you pay some or all of the full cost up front, these expenses are treated differently than other health care expenses.

For additional information how to submit claims and be reimbursed for orthodontic expenses, please login to your account, go to "Help," then search for "Orthodontia Claims FAQ."

How to Get Reimbursed

HOW TO APPEAL A CLAIM

If WEX denies a claim in whole or in part, a written explanation will be sent within three business days of receiving your request for reimbursement. If the claim was denied because it is not consistent with the terms of the plan—for example, because the expense was ineligible or the claim submitted after the deadline—WEX handles the appeal. You have 180 days from the first denial date to submit additional documentation. Send claims appeals to:

WEX
P.O. Box 2926
Fargo, ND 58108-2926

If your claim is denied because WEX finds that you or a family member doesn't meet the eligibility requirements to participate in the plan, the University will handle the appeal. Under these circumstances, your request for an appeal should be directed to:

University of California, Office of the President
Health & Welfare Benefits
Attn: Eligibility Appeal
1111 Franklin St.
Oakland, CA 94607

Generally, the University will respond to your request within 60 days of receiving your request or (if later) within 60 days of receiving any additional materials requested from you, your UC location or another relevant party. It's possible, however, that the University may require a longer period of review. The University's decision on appeal is final.

QUESTIONS?
Contact WEX at 844-561-1338 or check online at uc-fsa.com.

Important Things to Know

NONDISCRIMINATION REQUIREMENTS

To prevent the Health Care FSA from being characterized by the IRS as discriminatory in favor of highly-compensated employees— and therefore no longer eligible for favorable tax treatment—the University may reject any elections or reduce contributions or benefits of the plan. This means your payroll deductions may be reduced or stopped, and/or your taxable income will be adjusted, as needed to satisfy the nondiscrimination requirements.

IMPLICATIONS FOR SOCIAL SECURITY, RETIREMENT PLANS AND UNEMPLOYMENT

Because your contributions to the Health Care FSA are made on a pretax basis, they lower the earnings on which your Social Security taxes are based. This means your future Social Security earnings may be reduced. (If your earnings after your Health Care FSA contributions are above the Social Security wage base—for 2026, $184,500 — there will be little to no effect on your benefits.) Your pretax Health Care FSA contributions may also reduce the earnings used to calculate your unemployment insurance benefits.

Your Health Care FSA contributions don't affect the wages used to calculate any UC Retirement Plan contributions or benefits; nor do they affect your Tax-Deferred 403(b) Plan or 457(b) Deferred Compensation Plan maximum annual contribution amounts.

LEAVING UC EMPLOYMENT

Your participation in the Health Care FSA ends when you leave UC employment, unless you continue your participation through COBRA. (See "Continuing Participation Through COBRA," on page 12.) If you are paid monthly, Health Care FSA coverage ends the last day of the month in which you separate from UC. If you are paid biweekly, coverage ends the last day of the pay period in which you make your final Health Care FSA contribution.

If your employment with UC terminates due to your death, your eligible survivor may continue Health FSA participation through COBRA. If you are paid monthly, Health FSA coverage ends on the last day of the month in which you pass away. If you are paid biweekly, coverage ends on the last day of the pay period in which you make your final Health FSA contribution.

You may submit claims for eligible expenses incurred through the last day of participation in the plan. Expenses incurred after this date aren't reimbursable.

Important Things to Know

LEAVES WITHOUT PAY

When you begin a leave without pay (other than Family and Medical Leave), your contributions to the Health Care FSA stop. If you are paid monthly, FSA coverage ends the last day of the month in which your unpaid leave (other than Family and Medical Leave) begins. If you are paid biweekly, coverage ends the last day of the pay period in which you make your final FSA contribution. You may continue to submit claims for expenses incurred up to the coverage end date, until the deadline for the plan year.

If your leave was for less than 120 days and you return in the same plan year, your prior election would be reinstated as of the date you return to pay status unless you have a qualifying status change during the leave. If your leave was 120 days or longer, or you return in a new plan year, you may choose a new annual contribution.

FAMILY AND MEDICAL LEAVE

When you go on Family and Medical Leave, your Health Care FSA contributions stop with your last paycheck unless you choose to continue participation during your leave. If you do, eligible expenses you incur while on leave are reimbursable.

Please contact UCPath at ucpath.universityofcalifornia.edu to manage your plan before taking a leave. If you don't, your participation will end, and only expenses incurred through the end of the last pay period in which you contributed will be reimbursable.

You'll also need to choose a payment option for when you return to work. You may either keep the same monthly contribution, which will reduce the annual amount you put in, or increase your monthly contribution to make up for your time off pay status. Contact your Benefits Office or UCPath for details.

TEMPORARY LAYOFF OR SHORT WORK BREAK

When you begin a Temporary Layoff or Short Work Break, your contributions to the Health Care FSA stop. Your participation ends on the last day of the pay period following the pay period during which you go on leave. You may, however, continue participation through COBRA.

CONTINUING PARTICIPATION THROUGH COBRA

If you leave UC employment, you'll receive a "Qualifying Event Notice" explaining how you may continue your participation in the Health Care FSA through COBRA through the end of the plan year (Dec. 31). If you continue participating, you'll make after-tax payments to your account. Any unused balance is not eligible for carryover for COBRA participants.

If you have any questions related to your COBRA package, please contact COBRA Customer Service at 949-317-5917 or UniversityServices.GBS.Cobra@ajg.com.

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

In conformance with applicable law and University policy, the University is an equal opportunity employer. Please send inquiries regarding the University's equal opportunity policies for staff to the Office of Systemwide Employee Relations, University of California, Office of the President, 1111 Franklin Street, CA 94607, and for faculty to the Office of Systemwide Academic Personnel, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.

FSC

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