

## **University of California**

# **GROUP INSURANCE REGULATIONS**

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**PART I**  
**Introduction**

# 1. Preface

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## A.1. Benefits for Active Employees and Annuitants

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

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

The University of California intends to continue the benefits described in the Group Insurance Regulations indefinitely; however, the benefits and eligibility provisions of all Employees, Annuitants, and their Family Members and any other plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums and employer contributions at any time. Health and welfare benefits are not accrued or vested benefit entitlements.

## A.2. Benefits for Postdoctoral Scholars

The Postdoctoral Scholar Group Insurance Regulations (“Postdoc GIRs”) contain the governing eligibility provisions for the Health and Welfare Benefits Programs and plans sponsored by the University of California and eligible affiliates (collectively, referred to as “the University”) for its eligible Postdoctoral Scholars. The provisions set forth in these Regulations are applicable only to postdoctoral scholars with payroll title code TC 3252 (postdoctoral employee), TC 3253 (postdoctoral fellow), TC 3254 (postdoctoral “paid direct”), TC 3255 (postdoctoral nonexempt employee), and/or TC 3256 (postdoctoral interim employee), collectively referred to below as “Postdoctoral Scholars.”

These Regulations establish the eligibility provisions for the University-sponsored health and welfare plans. They are intended to supplement the terms of the vendor contracts that define the benefits and services provided under the plans. The terms and conditions governing benefits and services provided to Postdoctoral Scholars and their eligible Family Members are determined by those contracts and the laws and regulations of any governmental or regulatory authority having jurisdiction over those contracts or the contracting vendor. The benefits

described in these Regulations for Postdoctoral Scholars are negotiated between the University and an exclusively represented bargaining unit. See applicable bargaining agreement.

The University of California intends to continue the benefits described in the Postdoctoral Scholar Group Insurance Regulations indefinitely; however, the benefits and eligibility provisions of all Postdoctoral Scholars and their Family Members and any other plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums and employer contributions at any time. Health and welfare benefits are not accrued or vested benefit entitlements.

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## B. Administration

The University's Health and Welfare Benefits Programs (including the Postdoctoral Scholar Benefit Program) are under the direction of the President of the University as executive head of the University with full authority and responsibility over the administration of all affairs and operations of the University, subject to certain exceptions set forth in Bylaw 30.

Pursuant to Bylaw 30, the President delegated certain authorities with respect to the University's health and welfare plans to the Executive Vice President, Business Operations who was authorized to, and subsequently did, re-delegate said authorities to the Vice-President, Human Resources.

Effective on or before December 31, 2016, the Vice-President, Human Resources therefore acted as Plan Administrator of such plans.

Delegation of Authority 2649, dated November 23, 2021, and Presidential Delegation of Authority 2610, dated May 24, 2023, re-delegated to the Vice President – Systemwide Human Resources the role of the Plan Administrator for UC's Health and Welfare plans, including the self-funded plans. The Executive Advisory Committee on Health Benefits Programs (EAC) serves in an advisory role to the Plan Administrator.

The applicable Plan Administrator has the following authorities:

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

6. Administration of the Health and Welfare Plans to the extent such duties have not been delegated or assigned to an insurer or a third-party administrator.

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

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

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## C. Miscellaneous

1. Required Information – Members must provide the Plan Administrator with information, evidence or signed documents as periodically requested to administer the Regulations.
2. Limitation of Rights – Neither the establishment, nor amendment of the Regulations, gives any person any legal rights against the University or Plan Administrator except as provided in the Regulations.
3. Regulations not a Contract – The Regulations are not a contract between the University and any Employee, Annuitant, or Postdoctoral Scholar. They are not intended as an inducement or consideration for employment and no Employee or Postdoctoral Scholar covered by these Regulations has any right to employment based on them nor, after termination of employment or fellowship, any rights beyond those stated.
4. Withdrawals – Individuals employed at the Los Alamos National Laboratory (LANL) and Lawrence Livermore National Laboratory (LLNL) terminated employment with the University in connection with the transition to separate management companies (LANL to Los Alamos National Security, LLC (LANS); LLNL to Lawrence Livermore National Security, LLC (LLNS). Individuals who transitioned employment from the University to LANS and LLNS and Annuitants from LANL and LLNL commenced coverage under the LANS and LLNS health and welfare plans (effective June 1, 2006 for LANL and effective October 1, 2007 for LLNL) and thus are not covered by the terms of these Group Insurance Regulations.

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## D. Appeals

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

Contact information for the University's Health and Welfare plan carriers for faculty/staff and annuitant programs is available online at: <http://ucnet.universityofcalifornia.edu/compensation-and-benefits/>; information for post-doctoral scholars is available at <https://c2mb.ajg.com/uc/home/>, by calling Gallagher Benefits at 1-800-254-1758, or emailing [UniversityServices.GBS.psbp@ajg.com](mailto:UniversityServices.GBS.psbp@ajg.com).

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

Requests for exceptions related to premium payment plans beyond six months require an appeal as described in Administrative Supplement I-A.

Nothing in this section prevents represented employees from also filing a grievance claim against the University. For additional information, refer to the applicable union contract for instructions on filing a grievance claim.

See Administrative Supplement I-A for the Eligibility Appeal Procedures.

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

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

## 2. Definitions and Abbreviations

### A. Definitions

<p><b><u>Administrative Period</u></b> – The time period between the measurement period and corresponding Stability Period where UC determines an employee’s eligibility for benefits, as well as notifies and enrolls the employee and their dependents into UC sponsored coverage. The administrative period for the IMP is the month following the one-year anniversary of hire. The administrative period for the SMP is the months of November and December.</p>
<p><b><u>Average Weekly Hours of Service</u></b> – During an IMP or SMP, the average number of hours per week during a twelve (12) month period. Average Weekly Hours of Service includes all regular paid time, paid time off due to vacation, illness, leave of absence, etc. Average Weekly Hours of Service also includes special unpaid time, such as unpaid FMLA, unpaid USERRA, unpaid Jury Duty, and unpaid hours during “special employment breaks” of at least 4 weeks (501 hours max).</p>
<p><b><u>Beginning Benefits Eligibility</u></b> – The period of time when an Eligible Employee is initially eligible for benefits. Begins on date of hire and ends on December 31 of the year in which the first full standard measurement period is completed. A Beginning Benefits Eligibility period is also granted if the employee’s appointment is increased to the extent he/she qualifies for a different level of benefits.</p>
<p><b><u>Break in Service</u></b> – Break in Service has the meaning set forth in Administrative Supplement II-E.</p>
<p><b><u>Children’s Health Insurance Plan (CHIP)</u></b> – CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. In some states, CHIP covers parents and pregnant women. Each state offers CHIP coverage, and works closely with its state Medicaid program.</p>
<p><b><u>Defined Benefit Plan</u></b> – University of California Retirement Plan (UCRP) California State Teachers’ Retirement System (CalSTRS) Federal Civil Service Retirement System (FCSRS) Public Employees’ Retirement System (CalPERS) Sacramento County Employees’ Retirement System (SCERS) Orange County Employees’ Retirement System (OCERS)</p>
<p><b><u>Defined Contribution Plans</u></b> – Tax-Deferred 403(b) Plan 457(b) Deferred Compensation Plan 401(a) Defined Contribution Plan</p>
<p><b><u>Dental HMO (DHMO) Plan</u></b> – Dental Health Maintenance Organization. Services are covered only when provided by a licensed dentist who is a member of the Dental HMO Plan’s network.</p>

## 2. Definitions and Abbreviations

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<p><b><u>Dental PPO Plan</u></b> – Dental Preferred Provider Organization. Services may be provided by any licensed dentist. An annual deductible may be required before benefits are payable, and the member may be responsible for paying some co-insurance percentage for certain covered services. Benefits payable may be limited by an annual maximum; other plan maximums (e.g., for orthodontia) may also apply.</p>
<p><b><u>Dental POS Plan</u></b> – Dental Point of Service. Hybrid of an HMO and PPO plan. Like an HMO, dental services are covered when provided by a licensed dentist who is a member of the Plan’s network. Members are allowed to go outside the network, but will responsible for covering a higher percentage of co-insurance or higher co-pays.</p>
<p><b><u>DepCare FSA</u></b> – The University of California Dependent Care Flexible Spending Account Plan, a component plan of the University of California Section 125 Plan.</p>
<p><b><u>Dependent</u></b> – For purposes of the DepCare FSA, a Dependent is:</p> <ul style="list-style-type: none"><li>• A child up to age 13 who is in the employee’s custody and is claimed as a dependent on the employee’s tax return</li><li>• A spouse who is physically or mentally incapable of self-care</li><li>• A dependent who lives with you, such as a child 13 or older, parent, sibling, in-law, or domestic partner who is physically or mentally incapable of self-care and claimed as a dependent on the employee’s tax return</li></ul> <p>For purposes of the Health FSA, a Dependent is an employee’s</p> <ul style="list-style-type: none"><li>• Child(ren) up to age 26</li><li>• Spouse</li><li>• Domestic partner, if he or she is your tax dependent</li><li>• Registered domestic partner’s children if the employee is considered their stepparent under state law</li><li>• Tax dependent</li></ul>
<p><b><u>Eligible Annuitant</u></b> – A Retired Member, Disabled Member, Preretirement Survivor, Postretirement Survivor, or Contingent Annuitant who satisfies the eligibility requirements for coverage as an Annuitant, as set forth in Part IV of these GIRs. For purposes of the GIRs, a Retired Employee is not an Eligible Annuitant. An individual who elects a lump sum distribution or a refund of accumulations from an eligible plan is not a Retired Member for purposes of the GIRs.</p>
<p><b><u>Eligible Employee</u></b> – is an Employee who is eligible for coverage in the UC Faculty &amp; Staff Benefits Program in accordance with the requirements of Part II.1.A. and Administrative Supplement II-A.</p>
<p><b><u>Eligible Postdoctoral Scholar</u></b> – is a Postdoctoral Scholar who is eligible for coverage in the UC Postdoctoral Scholar Benefits Program in accordance with the requirements of Part II.1.C.</p>
<p><b><u>Employee</u></b> – For purposes of the GIRs, a person classified by the University as an Employee, as defined in the Section 125 Plan, appointed and paid by the University.</p>

<p><b><u>Enrollment Transaction</u></b> – All enrollment transactions are processed online or via paper enrollment forms. Paper enrollment forms are processed upon receipt of the form by the local Benefits or Accounting Office.</p> <p>Online data entries are processed according to the following:</p> <ul style="list-style-type: none"><li>• For newly hired employees, enrollment transactions are processed and considered final once they have been entered into the payroll/human resource information system database. Changes can only be made at the benefit manager’s discretion, and are done so through paper enrollment forms.</li><li>• For enrollments that take place during a PIE or OEP, enrollment transactions are considered final once the PIE or OEP is complete. Changes can be made at any time during through the duration of the PIE or OEP. Once the PIE or OEP has been exhausted, changes cannot be made until the next PIE or OEP.</li></ul>
<p><b><u>Faculty</u></b> – Academic appointees hired to teach University-approved courses for credit as described in Academic Personnel Manual 110.</p>
<p><b><u>Family Member</u></b> – A child or adult who may be eligible for coverage under one or more University-sponsored health and welfare plans based on such child or adult’s relationship to a University Employee, Annuitant, or Postdoctoral Scholar.</p>
<p><b><u>Furlough</u></b> – The scheduled periods during which Employees in partial-year career positions are not at work are designated as furloughs. (For purposes of the GIRs, the term “Furlough” does not refer to the systemwide furlough plan approved by The Regents on July 16, 2009 and implemented beginning on September 1, 2009.)</p>
<p><b><u>Gross Premium</u></b> – Total Plan premium including the University contribution, as well as the Employee/Annuitant portion.</p>
<p><b><u>Health Plans</u></b> –Medical Plans coverage, Dental Plan coverage and Vision Plan coverage.</p>
<p><b><u>Health FSA</u></b> – The University of California Health Flexible Spending Account Plan, a component plan of the University of California Section 125 Plan.</p>
<p><b><u>Housestaff</u></b> – Individuals with titles such as “Resident in _____” or “Intern in _____”.</p>
<p><b><u>Ineligible Group</u></b> – Individuals belonging to groups listed in Part II, Section 1.A.1.b. who are not eligible for coverage under the Faculty and Staff Benefits Program’s group health and welfare plans.</p>
<p><b><u>Initial Measurement Period (IMP)</u></b> – Applies only to employees who are initially ineligible for benefits. The period of time between the employee’s date of hire and one year anniversary of hire. Employees who are measured following the IMP will be eligible for benefits if s/he meets the applicable Average Weekly Hours of Service threshold for his/her group.</p>



## 2. Definitions and Abbreviations

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

academic preparation and research training. Individuals pursuing clinical fellowships and residencies in the health sciences are excluded from appointment to these titles. Postdoctoral Scholars train under the direction and supervision of faculty mentors in preparation for academic or research careers. In addition to pursuing advanced preparation in research, Postdoctoral Scholars may be approved to engage in other activities to enhance teaching and other professional skills. Postdoctoral Scholars may be employed directly by the University, serve as Fellows under external research funding organizations or come to the University as Paid Directs, funded from a variety of organizations directly to the Postdoc.

Post-doctoral Scholars payroll title codes:

- TC 3252 (postdoctoral employee),
- TC 3253 (postdoctoral fellow),
- TC 3254 (postdoctoral “paid direct”),
- TC 3255 (postdoctoral nonexempt employee), or
- TC 3256 (postdoctoral interim employee)

**Qualified Beneficiary** – An individual who is eligible for COBRA coverage as described in Sections 1009, 1109, 1209, and 1309, in accordance with Title XXII of the Public Health Service Act (42 USC 300bb-1 through 300bb-8).

**Qualified Leaves for Professional Renewal** – Approved leaves which are related to Employees’ University positions and are under regular University leave programs for research or teaching (e.g., the Professional Leave Program for MSP Employees, the Teaching Leave Program at the Lawrence Berkeley National Laboratory), or to work under a professional grant or fellowship (e.g., Guggenheim Fellowships). This definition does not include leaves to enroll as a student in a degree program or other personal leaves.

**Retirement Choice Program** – Primary retirement options for employees hired into an eligible faculty or career staff appointment on or after July 1, 2016.

**Seasonal Employee** – Individuals who work seasonally each year for less than three months (e.g., agricultural workers). Seasonal employees typically are hired around the same time each year on a temporary basis. The seasonal employee category does not apply to someone who has a series of short-term appointments, with or without breaks in service, during the year.

**Section 125 Plan** – The University of California Section 125 Plan, found in Appendix. Covers UC’s medical, dental, vision, and Health FSA plans.

**Stability Period** – The period of time when the employee’s eligibility or ineligibility for benefits will remain stable, based on an IMP or SMP (assuming no changes to increase appointment). For example, the Stability Period for an SMP measured from November 1, 2015 – October 31, 2016 occurs from January 1, 2017 – December 31, 2017. The Stability Period for an IMP measured from September 1, 2014 to September 1, 2015 will extend from September 2, 2015 to September 2, 2016. The employee’s eligibility status remains the same during the Stability Period

## 2. Definitions and Abbreviations

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regardless of the number of hours worked during the Stability Period, as long as the employee remains employed by the University, and as long as the employee's appointment is not increased to the extent he/she qualifies for a different level of benefits, subject to additional provisions defined herein.

**Standard Measurement Period (SMP)** – The period of time lasting one year that determines ongoing eligibility for benefits. The period of time depends on whether the employee is a monthly paid employee or a bi-weekly paid employee. The SMP for monthly paid employees is November 1 – October 31. The SMP for bi-weekly paid employees depends on the payroll calendar, but is generally from November of the previous year to November of following year (i.e. November 9, 2014 – November 7, 2015).

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

**University's Group Insurance Regulations** – The governing group insurance regulations that include the Faculty/Staff Group Insurance Regulations, Annuitant Group Insurance Regulations, and Postdoctoral Scholar Group Insurance Regulations.

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## B. Abbreviations

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