

Group Insurance Eligibility Fact Sheet for Employees

UNIVERSITY
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UC offers three levels of benefits—Full, Mid-Level and Core. Your eligibility for a particular package depends on the type of job you have, the percentage of time you work, and the length of your appointment.

To help you understand your benefits package, this guide describes UC’s health and welfare plan eligibility and enrollment options. It tells you how and when you can make changes to your plan (including what forms and documentation you will need). It also summarizes how life changes or changes in your employment status can affect your benefits and eligibility.

The first section, General Eligibility Rules for UC Health and Welfare Benefits, sums up the broad eligibility rules that apply to most of your UC benefits.

The individual sections that follow provide more detailed information on rules that apply to specific benefits.

This publication is one of several resources UC offers to help you understand your health and welfare benefits. Others include:

- *Complete Guide to Your UC Health Benefits*
- Medical plans booklets
- *ARAG Plan Booklet*
- *Your Guide to UC Disability Benefits*
- *Health FSA Summary Plan Description*
- *DepCare FSA Summary Plan Description*
- *Life Insurance Plan Booklet*
- *Accidental Death & Dismemberment Booklet for Employees*

You’ll find these on UCnet (ucnet.universityofcalifornia.edu/forms) or ask your Benefits Office to provide you with a copy.

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General Eligibility Rules for UC Health and Welfare Benefits

EMPLOYEE ELIGIBILITY—FOR EMPLOYEES IN CAREER, ACADEMIC, LIMITED, PARTIAL YEAR CAREER, CONTRACT AND FLOATER APPOINTMENTS

FULL BENEFITS

You are eligible to enroll in Full Benefits if you are in an eligible position and you are a member of the University of California Retirement Plan (UCRP)¹.

There are two ways to qualify for UCRP membership:

- You are appointed to work in an eligible position at least 50 percent time for a year or more² or
- You have worked 1,000 hours in a 12-month period in an eligible position.

If you're a member of the Non-Senate Instructional Unit, you qualify for UCRP membership after working 750 hours in an eligible position within a 12-month period.

MID-LEVEL BENEFITS

You are eligible for Mid-level Benefits if:

- You are appointed to work 100 percent time for at least three months but for less than one year or
- You are appointed to work at least 50 percent time for a year or more but you are in a position that is not eligible for UCRP¹

CORE BENEFITS

You are eligible for Core Benefits if you are appointed to work at least 43.75 percent time in an eligible position.

EMPLOYEE ELIGIBILITY—FOR EMPLOYEES IN PER DIEM, CASUAL/RESTRICTED (STUDENTS), BY AGREEMENT OR SEASONAL APPOINTMENTS

CORE BENEFITS

You are eligible for Core Benefits if you are appointed to work at least 75 percent time for at least three months.

The Benefits Overview chart on pages 7–9 outlines which UC benefits are available to you, based on the level of benefits for which you qualify.

Got questions?

If you still have questions after reviewing this publication, check out the Compensation and Benefits section of UCnet at ucnet.universityofcalifornia.edu/compensation-and-benefits. You'll find general information, UC publications and forms, and details on benefit plans.

To review the specific benefits you're enrolled in, sign in to your At Your Service Online account, and then choose "Current Enrollments" under the "Health and Welfare" option. You can also contact your local Benefits Office for help. Or, if your location has transitioned to UCPath, log into your account on UCPath or call the UCPath Center at 855-982-7284.

¹ In a few specifically defined situations, UC employees may be eligible to participate in UC health and welfare benefits while being enrolled in a non-UC retirement plan. Eligible employees may have been covered by entities that were acquired by the University and/or they may have opted to remain in a previous public retirement plan at the time of UC employment.

² You also meet this criterion if your appointment form shows that your ending date is for funding purposes only and that your employment is intended to continue for more than a year.

BENEFITS OVERVIEW

	Benefits Packages			When You May Enroll	During PIE	During OE	90-Day Wait ¹	Automatic	With SOH ²	Premium Paid By
	Full	Mid-Level	Core							
HEALTH CARE										
Medical Choice of various options depending on your address, including health maintenance organizations (HMO), preferred provider organizations (PPO) or high-deductible PPO with a health savings account (HSA).	•	•			•	•	•			You and UC
Medical—Core Fee-for-service plan with a high deductible.	•	•	•		•	•	•			UC
Dental Choice of two plans: Delta Dental PPO, a fee-for-service plan, or DeltaCare® USA, a Dental HMO (network available in California only). Both cover preventive, basic and prosthetic dentistry, as well as orthodontics.	•				•	•				UC
Vision Plan covers a variety of vision care services including eye exams, corrective lenses and frames.	•				•	•				UC
DISABILITY INSURANCE										
Short-Term Disability³ Provides basic coverage for inability to work due to pregnancy/childbirth, disabling injury or illness. Pays 55% of eligible earnings for up to six months (\$800 monthly maximum), after a waiting period. Injuries and illness must not be work-related.	•							•		UC
Supplemental Disability⁴ Provides short- and long-term coverage for work- and nonwork-related disabilities due to pregnancy/childbirth, injury or illness. Supplements Short-Term Disability/other income to pay up to 70% of eligible earnings (\$15,000 monthly maximum). Choice of waiting periods.	•				•				•	You
Workers' Compensation Provides state-mandated coverage for work-related injuries.	•	•	•					•		UC

PIE: Period of Initial Eligibility **OE:** Open Enrollment **SOH:** Statement of Health

¹ The 90-day waiting period is available when the PIE is missed. See page 17. You may need to pay part of your premiums on an after-tax basis.
² If you do not enroll during the PIE, you may apply for coverage by submitting a statement of health. The carrier may or may not approve your enrollment.
³ UC employees are not covered under state disability insurance.
⁴ If you have a pre-existing condition which causes you to be disabled in your first year of coverage, benefits will be limited to a total of 12 months. For more information, see the insurance carrier's summary plan description.

General Eligibility Rules for UC Health and Welfare Benefits

BENEFITS OVERVIEW

LIFE AND ACCIDENT INSURANCE

	Benefits Packages			When You May Enroll	During PIE	During OE	90-Day Wait ¹	Automatic	With SOH ²	Premium Paid By
	Full	Mid-Level	Core							
<p>Basic Life Provides employees with life insurance equal to annual base salary, up to \$50,000. Coverage is pro-rated if appointment is less than 100% time.</p>	•							•		UC
<p>Core Life Provides employees eligible for Core or Mid-Level Benefits with \$5,000 of life insurance.</p>		•	•					•		UC
<p>Supplemental Life Provides employees with additional life insurance at group rates. Coverage up to four times 100% annual base salary (to \$1,000,000 maximum).</p>	•	•			•				•	You
<p>Basic Dependent Life Provides \$5,000 of coverage for employee's spouse or domestic partner and each child.</p>	•	•			•				•	You
<p>Expanded Dependent Life Covers spouse or domestic partner for 50% (up to \$200,000) of employee's Supplemental Life amount. Covers each child for \$10,000.</p>	•	•			•				•	You
<p>Accidental Death & Dismemberment (AD&D) You may enroll at any time. Provides up to \$500,000 protection for employee and family for accidental death, loss of limb, sight, speech or hearing, or for complete and irreversible paralysis.</p>	•	•	•		•					You
<p>Business Travel Accident Provides up to \$500,000 of coverage when an employee travels on official UC business.</p>	•	•	•					•		UC
OTHER BENEFITS										
<p>Legal Provides basic legal assistance for preventive, domestic, consumer and limited defensive legal services.</p>	•	•	•		•	•				You
<p>Automobile and Homeowner/Renter You may enroll at any time. Individually underwritten plan provides coverage for cars, boats, motorcycles, homes and apartments. Carrier underwriting requirements must also be met.</p>	•	•			•					You
<p>Family Care Resources Provides access to prescreened caregivers, pet sitters, tutors and other family services. You may register at any time.</p>	•	•	•							You

PIE: Period of Initial Eligibility **OE:** Open Enrollment **SOH:** Statement of Health

¹ The 90-day waiting period is available when the PIE is missed. See page 17. You may need to pay part of your premiums on an after-tax basis.

² If you do not enroll during the PIE, you may apply for coverage by submitting a statement of health. The carrier may or may not approve your enrollment.

BENEFITS OVERVIEW

	Benefits Packages			When You May Enroll						
	Full	Mid-Level	Core	During PIE	During OE	90-Day Wait ¹	Automatic	With SOH ²	Pretax Salary Reduction	
<p>Health Flexible Spending Account (Health FSA) Lowers taxable income by allowing payment for up to \$2,500 of eligible out-of-pocket health care expenses on a pretax basis.</p>	•	•	•	•	•				•	
<p>Dependent Care Flexible Spending Account (DepCare FSA) Lowers taxable income by allowing payment for up to \$5,000 (\$2,500 if married and filing a separate income tax return) of eligible dependent care expenses on a pretax basis.</p>	•	•	•	•	•				•	
<p>Tax Savings on Insurance Premiums (TIP) Lowers taxable income by allowing payment of health plan premiums (if any) on a pretax basis.</p>	•	•	•				•		•	

PIE: Period of Initial Eligibility **OE:** Open Enrollment **SOH:** Statement of Health

General Eligibility Rules for UC Health and Welfare Benefits

FAMILY MEMBER ELIGIBILITY

You may enroll one eligible adult family member in addition to yourself. Your children are also eligible for enrollment as outlined below.

ELIGIBLE ADULT

You may enroll your spouse or an eligible domestic partner.

You may enroll your same or opposite gender domestic partner if your partnership is registered with the State of California or otherwise meets criteria for a domestic partnership as set forth in the University of California Group Insurance Regulations. Same-sex domestic partners from jurisdictions other than California will be covered to the extent required by law. You may enroll your opposite-sex domestic partner only if either you or your domestic partner is age 62 or older and eligible to receive Social Security benefits based on age.

The eligible adult may be enrolled only in the same plans as you. See the chart on page 11 for more information on eligible plans.

ELIGIBLE CHILD

You may enroll your eligible children up to age 26 in the same plans as those in which you enroll. A disabled child may be covered past age 26, if the carrier approves. You may also enroll your legal ward up to age 18 in the same plan(s) as those in which you enroll. The Family Member Eligibility chart on pages 11 and 12 gives the eligibility criteria for children, stepchildren, grandchildren, disabled children and legal wards. You may enroll your eligible domestic partner's child or grandchild, even if you do not enroll your partner.

In order to be eligible for coverage in your UC-sponsored plan, your grandchild, step-grandchild, legal ward or overage disabled child(ren) (see Family Member Eligibility chart) must be claimed as a tax dependent by you or your spouse. Your eligible domestic partner's grandchild must be claimed as a tax dependent by you or your domestic partner. Also eligible are children you are legally required by administrative or court order to provide with group health insurance.

Your children (or ward) may only be enrolled in the plans for which you are eligible and in which you have enrolled (See "Benefits Overview," pages 7–9).

Except as provided elsewhere in this document, application for coverage beyond age 26 due to disability must be made to the plan 60 days prior to the date coverage is to end due to the child reaching limiting age. If application is received within this timeframe but the plan does not complete determination of the child's continuing eligibility by the date the child reaches the plan's upper age limit, the child will remain covered pending the plan's determination. The plan may periodically request proof of continued disability, but not more than once a year after the

initial certification. Disabled children approved for continued coverage under a University-sponsored medical plan are eligible for continued coverage under any other University-sponsored dental, vision or AD&D plan. If enrollment is transferred from one plan to another, a new application for continued coverage is not required; however, the new plan may require proof of continued disability, but not more than once a year.

If you are a newly hired employee with a disabled child over age 26 or if you acquire a disabled child over age 26 (through marriage, adoption or domestic partnership), you may also apply for coverage for that child. The child's disability must have begun prior to the child turning age 26. Additionally, the child must have had continuous health coverage since age 26, and you must apply for University coverage during your Period of Initial Eligibility. The plan will ask for proof of continued disability, but not more than once a year after the initial certification.

NO DUPLICATE UC COVERAGE

UC rules do not allow duplicate coverage. This means you may not be covered in UC-sponsored plans as an employee and as an eligible family member of a UC employee or retiree at the same time.

If you are covered as an eligible family member and then become eligible for UC coverage yourself, you have two options. You can either opt out of your own employee coverage and remain covered as another employee's or retiree's dependent or make sure the UC employee or retiree who has been covering you de-enrolls you from his or her UC-sponsored plan before you enroll yourself.

Family members of UC employees may not be enrolled in more than one UC employee's plan. For example, if a husband and wife both work for UC, their children cannot be covered by both parents.

If duplicate enrollment occurs, UC will cancel the plan with later enrollment. UC reserves the right to collect reimbursement for any duplicate UC-paid premiums due to the duplicate enrollment.

ELIGIBLE FAMILY MEMBERS	Eligibility	May enroll in	Medical	Dental	Vision	Dependent Life	AD&D	Legal
Legal Spouse¹	Eligible		•	•	•	•	•	•
Domestic Partner (same gender/opposite gender) For opposite gender domestic partners, either the employee or the domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age or Supplemental Security Income for aged individuals; A same gender partnership may be registered with the state of California or may be a valid same gender union, other than a marriage, entered into in another jurisdiction and recognized in California as substantially equivalent to a California registered domestic partnership. Any domestic partnership not registered with the state of California must meet the following criteria: <ul style="list-style-type: none"> • Parties must be each other’s sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely • Neither party may be legally married or be a partner in another domestic partnership • Parties must not be related to each other by blood to a degree that would prohibit legal marriage in the State of California • Both parties must be at least 18 years old and capable of consenting to the relationship • Both parties must be financially interdependent • Parties must share a common residence 			•	•	•	•	•	•
Biological or adopted child, stepchild, domestic partner’s child²	To age 26		•	•	•	•	•	•
Grandchild, step-grandchild, domestic partner’s grandchild² <ul style="list-style-type: none"> • Unmarried • Living with you • Supported by you or your spouse/domestic partner (50% or more) • Claimed as a tax dependent by you or your spouse/domestic partner 	To age 26		•	•	•	•	•	•
Legal ward <ul style="list-style-type: none"> • Unmarried • Living with you • Supported by you or your spouse/domestic partner (50% or more) • Claimed as your tax dependent • Court-ordered guardianship required 	To age 18		•	•	•	•	•	•

¹ A legally separated or divorced spouse is not eligible for UC-sponsored coverage.
² Domestic partner must be eligible for UC-sponsored health coverage.

General Eligibility Rules for UC Health and Welfare Benefits

ELIGIBLE FAMILY MEMBERS (CONTINUED)	Eligibility	May enroll in	Medical	Dental	Vision	Dependent Life	AD&D	Legal
<p>Overage disabled child (except a legal ward) of employee</p> <ul style="list-style-type: none"> • Unmarried • Incapable of self-support due to a mental or physical disability incurred prior to age 26 • Enrolled in a UC group medical plan before age 26 and coverage is continuous or, if you are a newly eligible employee with, or have newly acquired, a disabled child over age 26, the child must have had continuous coverage since age 26 • Chiefly dependent upon you, your spouse or eligible domestic partner for support (50% or more) • Claimed as your, your spouse's or your eligible domestic partner's dependent for income tax purposes or eligible for Social Security income or Supplemental Security Income as a disabled person. The overage disabled child may be working in supported employment that may offset the Social Security or Supplemental Security Income • Must be approved by the carrier before age 26 or by the carrier during your PIE if you are a newly eligible employee or if you newly acquire a disabled child over age 26 	Age 26 or older		•	•	•	•	•	•

DOCUMENTATION

When you enroll anyone in a plan as a family member, you must provide documentation specified by the University verifying that the individuals you have enrolled meet the eligibility requirements outlined above. The plan may also require documentation verifying eligibility status. In addition, the University and/or the plan reserve the right to periodically request documentation to verify the continued eligibility of enrolled family members.

Important note about your benefits and your taxes: The University complies with federal and state law in administering its group insurance programs. Health and welfare benefits and eligibility requirements, including dependent eligibility requirements, are subject to change (e.g., for compliance with applicable laws and regulations). The University also complies with federal and state income tax laws, which are subject to change. Requirements may include laws mandating that the employer contribution for coverage provided to you or certain family members be treated as imputed income to the employee. See ucnet.universityofcalifornia.edu/compensation-and-benefits/health-plans/imputed-income.html for related information. Contact your tax advisor for additional information.

WHEN TO ENROLL

DURING A PERIOD OF INITIAL ELIGIBILITY (PIE)

A PIE is a time during which you may enroll yourself or your eligible family members in UC-sponsored health and welfare plans. A PIE generally starts on the first day of eligibility—for example, the day you are hired into a position that makes you eligible for benefits. It ends 31 days later.

If you're enrolling electronically, you must complete the transaction online by the last day of the applicable PIE. Paper enrollment forms need to be received at the location noted on the form by the last day of the applicable PIE. (If the last day falls on a weekend or holiday, the PIE is extended to the following work day.)

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

The PIE to enroll family members starts the day your family member becomes eligible:

- For a spouse, on the date of marriage.
- For a domestic partner, on the date the domestic partnership is legally established or the partnership meets UC's criteria (see page 11).
- For a newborn child, on the child's date of birth.

- For an adopted child, the earlier of:
 - the date the child is placed for adoption with you, or
 - the date you or your spouse/domestic partner has the legal right to control the child's health care.

A child is "placed for adoption" as of the date you assume and retain a legal obligation for the child's total or partial support in anticipation of the child's adoption.

If the child is not enrolled during the PIE beginning on that date, there is an additional PIE beginning on the date the adoption becomes final.

- For a legal ward, the effective date of the legal guardianship.

Where there is more than one eligibility requirement, the PIE begins on the date all requirements are satisfied.

During this family member PIE, you may also enroll yourself and/or any other eligible family member who was not already enrolled during your or their PIE. To cover a family member, you must also enroll yourself. Remember that family members are only eligible for the same plans in which you are enrolled.³

DURING OPEN ENROLLMENT

Usually held in the fall, Open Enrollment is your annual opportunity to make changes to your benefits, including:

- Transferring to a different medical or dental plan
- Adding or de-enrolling eligible family members
- Enrolling in or opting out of UC-sponsored medical, dental, vision plans and legal plan, if open, and
- Enrolling or re-enrolling in the Health and Dependent Care Flexible Spending Accounts

Changes made during Open Enrollment are effective Jan. 1 of the following year. Not all plans are available during every Open Enrollment.

³ Restrictions apply to Dependent Life—see page 20.

Appeals

Any appeals regarding coverage denials that relate to eligibility or enrollment requirements are subject to the University of California Group Insurance Regulations. To obtain a copy of the Eligibility Claims Appeal Process, please contact the person who handles benefits for your location.

General Eligibility Rules for UC Health and Welfare Benefits

WHEN YOU HAVE A FAMILY CHANGE

When you have a new family member, such as a spouse, domestic partner, newborn or newly adopted child, you may enroll yourself, the new family member and any other eligible family members not already enrolled in your UC-sponsored plans.

If you are already enrolled in a UC-sponsored medical plan, you may transfer to a different plan. You may also enroll in or increase your Supplemental Life Insurance and Dependent Life Insurance during this eligibility period. (You may not enroll in or increase your Supplemental Disability insurance.)

You have 31 days from the date your new family member becomes eligible to enroll the new member or to make any permitted plan changes. Enrollment isn't automatic; you must complete a UPAY 850 form (available online at ucal.us/UPAY850 or from your benefits office) to enroll the new family member.

WHEN YOU LOSE OTHER COVERAGE

If you decline UC-sponsored coverage because you and/or your family members are covered elsewhere, and you later lose the other coverage, you may be eligible to enroll yourself and/or your eligible family members in a UC-sponsored plan. The same is true if you are enrolled in another employer-sponsored plan and the employer stops contributing to the cost of the coverage.

For medical, dental and vision coverage, you may enroll without waiting for the University's next open enrollment period if you have met all of the following requirements:

- You were covered under another health plan as an individual or dependent, including coverage under COBRA or CalCOBRA (or similar program in another state), the Children's Health Insurance Program or "CHIP" (called the Healthy Families Program in California), or Medicaid (called Medi-Cal in California).
- Coverage under another health plan for you and/or your eligible family members ended because you/they lost eligibility under the other plan or employer contributions toward coverage under the other plan terminated, coverage under COBRA or CalCOBRA continuation was exhausted, or coverage under CHIP or Medicaid was lost because you/they were no longer eligible for those programs.
- You properly file an application with the University during the 31-day PIE which starts on the day after the other coverage ends. **Note that if you lose coverage under CHIP or Medicaid, your PIE is 60 days.** You may need to provide proof of loss of coverage.

OTHER SPECIAL CIRCUMSTANCES

For medical, dental and vision coverage, you may enroll without waiting for the University's next open enrollment period if you are otherwise eligible under any one of the circumstances below:

- You or your eligible family members are not currently enrolled in UC-sponsored medical, dental or vision coverage and you or your eligible family members become eligible for premium assistance under the Medi-Cal Health Insurance Premium Payment (HIPP) Program or a Medicaid or CHIP premium assistance program in another state. Your PIE is 60 days from the date you are determined eligible for premium assistance. If the last day of the PIE falls on a weekend or holiday, the PIE is extended to the following work day if you are enrolling with paper forms.
- A court has ordered coverage be provided for a dependent child under your UC-sponsored medical, dental or vision plan pursuant to applicable law and an application is filed within the PIE which begins the date the court order is issued. The child must also meet UC eligibility requirements.

IF YOU ARE A NEW FACULTY MEMBER

If you don't enroll within 31 days of your start date, you have a second period of eligibility that begins the first day of classes for the semester or quarter in which your appointment starts, or the first day you arrive at the campus, whichever comes first.

WHEN COVERAGE BEGINS

The following effective dates apply provided the appropriate enrollment transaction (paper form or electronic) has been completed within the applicable enrollment period.

- If you enroll during a PIE, coverage for you and your family members is effective the date the PIE starts.
- If you enroll during Open Enrollment, the effective date of coverage is the date announced by the University.
- If you complete a 90-day waiting period, coverage is effective on the 91st consecutive calendar day after the date the enrollment transaction is completed.

FAMILY MEMBERS

When you have a family status change, coverage begins on the first day you have a new family member—such as a spouse, domestic partner, newborn or newly adopted child.

If you are already enrolled in adult plus child(ren) or family coverage you may add additional children, if eligible, at any time after their PIE.

CONTINUING ELIGIBILITY

UC bases your ongoing eligibility for benefits on your average hours of service⁴ over a 12-month, standard measurement period (SMP). UC’s SMP for monthly-paid employees is Nov. 1–Oct. 31; for bi-weekly paid employees, the SMP includes the pay periods inclusive of those same dates (for example, in 2015, it runs Nov. 9, 2014 until Nov. 7, 2015).

If your hours during the SMP meet the threshold to be offered coverage, then that coverage must be offered, and if accepted, will be provided during the subsequent stability period, regardless of your number of hours during the stability period (as long as you remain employed). UC’s standard stability period for all employees is Jan. 1–Dec. 31.

If your hours during the SMP do not meet the threshold, then all coverage ends on Dec. 31.

The required average hours of service threshold is:

Appointment Type	Average Hours Threshold
Career, Academic, Limited, Partial-Year Career, Contract, Floater	17.5 hours per week
Per Diem, Casual/Restricted (students), By Agreement or other flat-dollar payments, Seasonal	30 hours per week

WHEN COVERAGE ENDS

The termination of coverage provisions established by the University are summarized below. Additional plan provisions are described elsewhere in this document.

LEAVE OF ABSENCE, LAYOFF, CHANGE IN EMPLOYMENT STATUS OR RETIREMENT

Coverage may end when you go on unpaid leave or leave UC employment.

For information about continuing your coverage in the event of an authorized leave of absence, layoff, change of employment status or retirement, contact the person who handles benefits for your location.

DISENROLLMENT DUE TO LOSS OF ELIGIBLE STATUS

If you are an employee and lose eligibility, your coverage and that of any enrolled family members ends at the end of the month in which eligible status is lost.

OTHER DISENROLLMENTS

If you are enrolled in a health and welfare plan that requires premium payments, and you do not continue payment, your coverage will be terminated at the end of the last month for which you paid.

You and/or your family members may be disenrolled if you and/or a family member misuse the plan, as described in the Group Insurance Regulations. Misuse includes, but is not limited to, actions such as falsifying enrollment or claims information; allowing others to use the plan identification card; intentionally enrolling, or failing to disenroll, individuals who are not/no longer eligible family members; threats or abusive behavior toward plan providers or representatives.

Your family member may be disenrolled if you fail to provide documentation specified by the University or the plan verifying that the individual(s) you have enrolled are eligible family members. Individuals whose eligibility has not been verified will be disenrolled until verification is provided. Individuals who are not eligible family members will be permanently disenrolled.

⁴ Defined as all hours on pay status (including hours on call, hours on paid vacation, paid holiday, paid sick leave, paid sabbatical, paid jury duty or any other paid leave) as well as hours on unpaid leave protected by the federal Family & Medical Leave Act, unpaid jury duty, and unpaid leave protected by the Uniformed Services Employment & Reemployment Rights Act. May also include up to 501 hours during the SMP due to “employment break periods” of at least 4 consecutive weeks (e.g., academic breaks, etc.).

General Eligibility Rules for UC Health and Welfare Benefits

FAMILY CHANGES THAT RESULT IN LOSS OF COVERAGE

Divorce, legal separation, termination of domestic partnership, annulment. Eligibility for your spouse or domestic partner and any children for whom you are not the legal parent/guardian ends on the last day of the month in which the event occurs. Your legally separated spouse, former spouse or former domestic partner and the former partner's child or grandchild may continue certain coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) or they may seek individual coverage through the healthcare marketplace (coveredca.com). If a settlement agreement between you and your legally separated/former spouse or domestic partner requires you to provide coverage, you must do so on your own.

An eligible child turning age 26. Unless a child is eligible to continue coverage because of disability, coverage ends at the end of the month in which the child reaches age 26. This rule applies to your biological and adopted children, stepchildren, grandchildren, step-grandchildren and your domestic partner's children or grandchildren. Certain coverage may be continued under COBRA or they may seek individual coverage through the healthcare marketplace (coveredca.com).

A legal ward turning age 18. Eligibility ends at the end of the month in which the legal ward turns 18. Your legal ward may continue certain coverage under COBRA or they may seek individual coverage through the healthcare marketplace (coveredca.com).

Death of a family member. You should contact your local Benefits Office for assistance in the event of an enrolled family member's death.

OPPORTUNITIES FOR CONTINUATION

If you separate from UC employment, generally, your UC-sponsored benefits will stop. If you retire from UC, see the *Group Insurance Eligibility Factsheet for Retirees and Eligible Family Members* (available on the UCnet website at ucnet.universityofcalifornia.edu/forms/pdf/group-insurance-eligibility-factsheet-for-retirees.pdf) for more details.

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985): If you or a family member lose eligibility for UC-sponsored medical, dental and/or vision coverage and/or Health Flexible Spending Account (Health FSA), you may be eligible to continue coverage under COBRA. See the UCnet website for more information.

Conversion: Generally, within 31 days after UC-sponsored coverage ends (if your participation has been continuous), you may be able to convert your group insurance coverage to individual policies. See the specific plan sections following for details.

CONTRACT TERMINATION

Health and welfare benefits coverage is terminated when the group contract between the University and the plan vendor is terminated. Benefits will cease to be provided as specified in the contract and you may have to pay for the cost of those benefits incurred after the contract terminates. You may be entitled to continued benefits under terms described in the plan evidence of coverage booklet. (If you apply for individual conversion plans, the benefits may not be the same as you had under the original plans.)

Medical Plans

In addition to the general eligibility rules beginning on page 6 and plan eligibility rules found in each plan's evidence of coverage booklet, the following rules and information apply to UC medical plans.

ELIGIBILITY

The medical plans you're eligible for are based on whether your overall benefits package is Full, Mid-level or Core.

If you are eligible, you must take action to enroll.

You may enroll in certain medical plans only if you meet the plans' geographic service area criteria.

OTHER ENROLLMENT OPPORTUNITIES

MOVING OUT OF A SERVICE AREA

If you move out of a plan's service area or will be away for more than two months, you and/or your eligible family members must transfer into a medical plan in your new location. If you return to your previous plan's service area, you may be able to transfer back to that plan within 31 days of your return to the area. You (and/or your eligible family members) might also need to select a primary care physician. Get in touch with your local Benefits Office to learn about your options.

90-DAY WAITING PERIOD

If you miss your PIE, you may enroll yourself or eligible family members in medical coverage at any time with a 90 consecutive calendar day waiting period that begins the day the completed enrollment form is received by your local Benefits or Payroll Office. Coverage is effective after the 90 days have elapsed. Your premiums may need to be paid on an after-tax basis.

WHEN COVERAGE ENDS

DISENROLLMENT DUE TO LOSS OF ELIGIBLE STATUS

If you lose eligibility while you are hospitalized or undergoing treatment of a medical condition covered by your medical plan, benefits will cease to be provided and you may have to pay for the cost of those services yourself. You may be entitled to continued benefits under terms which are specified on page 16. (If you apply for an individual plan or a conversion plan, the benefits may not be the same as you had under this Plan.)

If your family member loses eligibility, and you wish to make a permitted change in your medical coverage, you must complete the appropriate transaction to delete him or her within 31 days of the eligibility loss event, although for purposes of COBRA eligibility, notice may be provided to UC within 60 days of the family member's loss of coverage. For information on disenrollment procedures, contact the person who handles benefits for your location.

OTHER DISENROLLMENTS

If you are enrolled in a medical plan that requires premium payments, and you do not continue payment, your coverage will be terminated at the end of the month for which you last paid.

OPPORTUNITIES FOR CONTINUATION

Your coverage in UC's medical plan may be continued through COBRA. If you are laid off, you may transfer to UC's lowest cost plan (Core medical) prior to beginning COBRA. You may also convert to an individual policy offered by the carrier.

Dental Benefits

The following rules and information about UC's dental plans are in addition to the general eligibility rules beginning on page 6.

ELIGIBILITY

You are eligible to enroll in dental coverage only if you have Full Benefits.

If you are eligible for dental benefits, you must take action to enroll.

You may enroll in DeltaCare® USA only if you meet the plan's geographic service area criteria.

WHEN TO ENROLL

MOVING OUT OF A SERVICE AREA

If you are in DeltaCare® USA and you move out of that plan's service area, or will be away from the plan's service area for more than the time period specified under the terms of the plan, you will have a PIE to enroll yourself and your eligible family members in another University dental plan available in the new location. Your PIE starts with the effective date of the move or the date you leave the plan's service area.

If you return to your original location, you may change plans during the University's next open enrollment period.

WHEN COVERAGE ENDS

DISENROLLMENT DUE TO LOSS OF ELIGIBLE STATUS

If your family member loses eligibility, and you wish to make a permitted change in your dental coverage, you must complete the appropriate transaction to delete him or her within 31 days of the eligibility loss event, although for purposes of COBRA eligibility, notice may be provided to UC within 60 days of the family member's loss of coverage. For information on disenrollment procedures, contact the person who handles benefits for your location.

OPPORTUNITIES FOR CONTINUATION

Your coverage in UC's dental plan may be continued through COBRA.

Vision Benefits

The following rules and information about UC's vision plan are in addition to the general eligibility rules beginning on page 6.

ELIGIBILITY

You are eligible to enroll in vision coverage only if you have Full Benefits.

If you are eligible, you must take action to enroll.

WHEN COVERAGE ENDS

DISENROLLMENT DUE TO LOSS OF ELIGIBLE STATUS

If your family member loses eligibility, and you wish to make a permitted change in your vision coverage, you must complete the appropriate transaction to delete him or her within 31 days of the eligibility loss event, although for purposes of COBRA eligibility, notice may be provided to UC within 60 days of the family member's loss of coverage. For information on disenrollment procedures, contact the person who handles benefits for your location.

OPPORTUNITIES FOR CONTINUATION

Your coverage in UC's vision plan may be continued through COBRA.

Legal Insurance

In addition to the general eligibility rules beginning on page 6, the following rules and information apply to the legal plan.

ELIGIBILITY

You are eligible to enroll in Legal Insurance while you are eligible for Full, Mid-level or Core Benefits.

WHEN COVERAGE ENDS

If you or a family member lose eligibility, coverage may be converted to an individual plan if you apply within 90 days of the date your UC-sponsored coverage ends.

Life Insurance

The following rules and information about UC's life insurance plans are in addition to the general eligibility rules beginning on page 6.

BASIC AND CORE LIFE INSURANCE

ELIGIBILITY

You are eligible for Basic Life Insurance only if you are eligible for Full Benefits. Your enrollment is automatic.

You are eligible for Core Life Insurance if you are eligible for Core or Mid-level Benefits. Your enrollment is automatic.

ENROLLMENT

You are automatically enrolled in Basic or Core Life on your first day of eligibility.

WHEN COVERAGE BEGINS

You must be actively at work in order for new or increased coverage to be effective.

WHEN COVERAGE ENDS

If you lose eligibility, you may convert your coverage to an individual policy if you apply within 31 days of the date your UC-sponsored coverage ends.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.

EXCEPTION TO DUPLICATE UC COVERAGE RULE

You may be enrolled in Basic Life Insurance, Core Life Insurance or Senior Management Life Insurance and be covered as a dependent of another UC employee.

SUPPLEMENTAL LIFE INSURANCE

ELIGIBILITY

You are eligible for Supplemental Life Insurance if you are eligible for Mid-level or Full Benefits.

ENROLLMENT

To obtain coverage without the need for a statement of health, enroll during your first PIE or during a PIE that occurs as the result of the acquisition of a new family member. During a PIE that occurs as the result of the acquisition of a new family member, you can also increase your Supplemental Life Insurance. Otherwise you can enroll at any time, but a statement of health will be required.

Life Insurance

SUPPLEMENTAL LIFE INSURANCE (CONTINUED)

ENROLLMENT WITH STATEMENT OF HEALTH

If you do not enroll in the Supplemental Life plan during a period of eligibility, you must submit an evidence of insurability application and be approved by the insurance company in order to enroll. Previous or current medical conditions may prevent your approval.

WHEN COVERAGE BEGINS

You must be actively at work in order for new or increased coverage to be effective.

WHEN COVERAGE ENDS

If you leave UC employment, you are no longer eligible for Supplemental Life insurance. You may port or convert your coverage if you apply within 31 days of the date your UC-sponsored coverage ends.

The portability benefit allows you to continue your current UC Supplemental Life coverage at Prudential's Portability group term-life rates, which are generally lower than the conversion premium rates. A statement of health is not required, but you must submit proof of good health satisfactory to Prudential to qualify for preferred rates. There are additional requirements for portability. See the Supplemental Life Insurance plan booklet for more information.

You may also convert to an individual policy without a statement of health.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.

You have 31 days from the date your coverage ends to submit your application and the appropriate premiums to Prudential. See your Benefits Office for more information.

SENIOR MANAGEMENT LIFE INSURANCE

You are eligible for Senior Management Life while you are appointed in a 100 percent time Senior Management position. Enrollment is automatic.

BASIC DEPENDENT AND EXPANDED DEPENDENT LIFE INSURANCE

ELIGIBILITY

You are eligible for Basic Dependent Life Insurance while you are enrolled in Basic Life Insurance, Supplemental Life Insurance or Senior Management Life Insurance, and you have a qualified dependent.

You are eligible for Expanded Dependent Insurance only if you are enrolled in Supplemental Life Insurance or Senior Management Life Insurance, and you have a qualified dependent. You cannot elect both Basic and Expanded Dependent Life Insurance.

ENROLLMENT

To obtain coverage for a spouse or domestic partner without the need for a statement of health, enroll them during your own initial PIE, or if the marriage or partnership occurs later, during the 31-day PIE following the marriage or partnership date. Otherwise they can be enrolled at any time, but a statement of health will be required.

Children may be enrolled at any time without a statement of health.

You may transfer your dependents from the Expanded to the Basic plan at any time. However, to transfer your spouse or domestic partner from the Basic to the Expanded plan, you must submit a statement of health for that person.

WHEN COVERAGE BEGINS

If confined for medical care or treatment, your dependent's new or increased coverage will begin on the first day after dependent's medical release. This does not apply to your newborn child.

NO DUPLICATE COVERAGE

If both you and a family member are UC employees, you may choose only one of the following: to cover yourself under the Supplemental Life plan or, if eligible, to cover yourself under your family member's Dependent Life plan. You cannot be covered by both plans.

WHEN COVERAGE ENDS

If you leave UC employment, you are no longer eligible for Basic or Expanded Dependent Life insurance. You may port or convert your coverage if you apply within 31 days of the date your UC-sponsored coverage ends.

If you participate in Prudential's group term-life portability benefit for your Supplemental Life insurance, you may also continue Dependent Life coverage within the same portability benefit. See your Benefits Office for more information.

You may also convert your Dependent Life to an individual policy without a statement of health if your UC-sponsored coverage ends.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.

AD&D Insurance

In addition to the general eligibility rules beginning on page 6, the following rules and information apply to AD&D.

ELIGIBILITY

You are eligible to enroll in AD&D Insurance while you are eligible for Full, Mid-level or Core Benefits.

WHEN TO ENROLL

You may enroll in this plan at any time.

Short-Term and Supplemental Disability

In addition to the general eligibility rules beginning on page 6, the following rules and information apply to UC disability plans.

ELIGIBILITY

You are eligible for Short-Term and Supplemental Disability insurance only if you have Full Benefits.

WHEN TO ENROLL

You are automatically enrolled in Short-Term Disability, on your first day of eligibility.

For Supplemental Disability, to obtain coverage without the need of a statement of health, enroll during your PIE when you are first eligible.

ENROLLMENT WITH STATEMENT OF HEALTH

If you do not enroll in the Supplemental Disability plan when you are first eligible, you must submit a statement of health and be approved by the insurance company in order to enroll. Previous or existing medical conditions may prevent approval if you try to enroll outside of your initial period of eligibility. You must also submit a statement of health for approval in order to shorten your waiting period. Generally, you cannot enroll in Supplemental Disability during UC's annual Open Enrollment or due to family changes.

WHEN COVERAGE BEGINS

You must be actively at work in order for new or increased coverage to be effective.

LIMITATIONS TO COVERAGE

Under the Supplemental Disability plan, the definition of disability changes after you receive benefits for 12 months, and it becomes more difficult to meet the insurance carrier's requirements. During the first 12 months, disability is defined as being disabled from your "own occupation." After 12 months of benefits, disability is defined as being disabled from "any occupation" for which you are reasonably suited.

Health and Dependent Care Flexible Spending Accounts

In addition to the general eligibility rules beginning on page 6, the following rules and information apply to the flexible spending accounts.

ELIGIBILITY

You are eligible to enroll in the Health and Dependent Care Flexible Spending Accounts while you are eligible for Full, Mid-level or Core Benefits, except that if you enroll in the Blue Shield Health Savings Plan for your medical coverage, you cannot enroll in the Health FSA.

ENROLLMENT AND CHANGES IN PARTICIPATION

You enroll in the Health and/or Dependent Care FSAs for the plan year, which ends on December 31 of each year. You must re-enroll during Open Enrollment to participate the following year.

You may also change your contribution or cancel participation during a 31-day period of eligibility resulting from an eligible change in family or employment status. Midyear changes must be on account of and consistent with the change in status. See the *Health or DepCare FSA Summary Plan Description* for details regarding what types of changes are allowed.

Enrollment and changes in contributions take effect on the first of the month following the action taken, subject to payroll deadlines.

OPPORTUNITIES FOR CONTINUATION

Your coverage and participation in the Health FSA may be continued through COBRA. There is no continuation available for DepCare FSA.

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 Retirement Administration Service Center (800-888-8267).

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