

University of California



Group Insurance Eligibility Factsheet

for Employees and Eligible Family Members

This booklet describes UC's general rules about:

- employee eligibility for health and welfare benefits
- family member eligibility for UC-sponsored group insurance plans: medical, dental, vision, accidental death and dismemberment (AD&D), Basic and Core life, dependent life, and legal.

The information in this booklet is subject to change.

This factsheet describes eligibility only. See the chart on page 3 for an overview of the plans that apply to your benefits package.

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Before You Enroll

Understand Your Benefits Options

This factsheet describes eligibility only. Additional resources are available to help with health and welfare plan decisions. *Your Group Insurance Plans* provides UC-sponsored plan information including plan options and coverage. Please refer to the *Benefits for Domestic Partners* booklet, if applicable to you.

For more information on publications mentioned in this factsheet, see page 12.

The At Your Service website (atyourservice.ucop.edu; see the “Health and Welfare” section) has detailed information about UC-sponsored plans including UC plan summaries, links to plan websites, carrier telephone numbers, plan costs and more information.

Enrollment Deadlines

Be sure to complete your enrollment or benefit change transactions by the specified deadline. If you do not enroll, you will be automatically enrolled in default coverage, based upon your benefits package. See the “Period of Initial Eligibility” section on page 7 for more details.

No Duplicate Coverage

UC rules do not allow duplicate coverage in UC-sponsored plans. See “No Duplicate UC Coverage” on page 6 for more details.

After You Have Enrolled

Confirm Your Choices

Confirm your enrollment on the At Your Service website and review your pay statement to verify that it reflects your benefit choices. Immediately notify your Benefits or Payroll Office of any errors in your enrollment.

Keep Your Records Updated

Make sure that UC always has your current address and phone number to correctly administer your benefits and send you benefits information.

Use At Your Service Online (atyourservice.ucop.edu; select “Sign in to My Accounts”) to update your personal information, such as your home address, home telephone number, and income tax withholding.

Please note: LBL employees cannot use At Your Service to update records.

Moving Out of a Service Area

If you move out of or return to an HMO, Anthem Blue Cross PLUS, or DeltaCare® USA service area, see “Moving Out of a Service Area” on page 7.

Life Changes

Events in your personal life (such as getting married, establishing a domestic partnership, getting divorced or legally separated, terminating a domestic partnership or

having a child) may affect your UC benefits. See “Life Events (Benefits Checklists)” on page 12.

It is your responsibility to de-enroll any family member who loses eligibility (see “Loss of Eligibility” on page 8). UC and the plan reserve the right to collect repayment for any employer contributions and expenses incurred on behalf of the ineligible family member.

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 At Your Service website) for more details.

Consolidated Omnibus Reconciliation Act of 1985 (COBRA): If you or a family member lose eligibility for UC-sponsored medical, dental, vision coverage, and/or Health Flexible Spending Account (HealthFSA), you may be eligible to continue coverage under COBRA. See “Loss of Eligibility” on page 8.

Conversion Privileges: 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 “Loss of Eligibility” on page 8.

Employee Eligibility

Most employees eligible for benefits are covered under one of three benefits packages—Full, Mid-level, or Core.

Initial Requirements

Full Benefits

You are eligible to enroll in Full Benefits if you are in an eligible position and:

- You are a member of a UC-sponsored retirement plan, which means UCRP or another defined benefit plan to which UC contributes, such as the California Public Employees' Retirement System (CalPERS).

There are two ways to qualify for UCRP membership:

- 1) You are appointed to work in an eligible position at least 50 percent time for a year or more¹—**or**
- 2) You have worked 1,000 hours in a 12-month period in an eligible position.

Members of the Non-Senate Instructional Unit 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 not a member of a UC-sponsored retirement plan, which means UCRP or another defined benefit plan to which UC contributes, such as the California Public Employees' Retirement System (CalPERS), **and**
- You are appointed to work at least 50 percent time for a year or more,¹ **or**
- You are appointed to work 100 percent time for at least three months.

Core Benefits

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

Health and Welfare Benefits Packages

	Full	Mid-level	Core
Medical	•	•	
	or	or	
Medical—Core	•	•	•
Dental	•		
Vision	•		
Short-Term Disability	•		
Supplemental Disability	•		
Worker's Compensation	•	•	•
Basic Life	•		
Core Life		•	•
Supplemental Life	•	•	
Basic Dependent Life	•	•	
Expanded Dependent Life	•	•	
AD&D	•	•	•
Business Travel Accident	•	•	•
Legal	•	•	•
Automobile and Homeowner/ Renter	•	•	
Health FSA	•	•	•
DepCare FSA	•	•	•
TIP	•	•	•

Continuing Requirements

UC bases your ongoing eligibility for benefits on the number of regular hours you are paid by UC to work each week. (Paid time excludes bonuses and overtime.)

To remain eligible for your benefit level, you must maintain an average regular paid time of at least 17.5 hours per week and remain in an eligible appointment.

If your average regular paid time drops below 17.5 hours a week, you become ineligible for medical (including Core), dental and vision coverage as well as Basic and Core Life insurance, and Short-term Disability and Supplemental Disability coverage. You may still be eligible for Supplemental Life, AD&D, Health Flexible Spending Account, Dependent Flexible Spending Account, legal, and Auto and Homeowner/Renter coverage, as long as your earnings cover the required premiums.

¹ Or your appointment ending date is for funding purposes only or for visa purposes only and your employment is intended to continue for more than a year.

Eligible Family Members

Family members eligible for coverage under your health and welfare benefits package (see page 3) may include one eligible adult and/or any eligible children.

Eligible Adult

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

- a legal spouse, **or**
- a domestic partner who meets the requirements noted in the chart below, **or**
- an adult dependent relative (if enrolled by 12/31/03).

If you cover an adult dependent relative on your medical, dental and vision plans, you may not enroll your spouse in **any** UC-sponsored insurance plan.

Reminder: Your family member(s) are only eligible for the plan(s) for which you are eligible and in which you have enrolled (see “Health and Welfare Benefits Packages” on page 3).

Eligible Adult

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

¹ The surviving family members who are eligible for continuation of health and welfare benefits cannot enroll a spouse or domestic partner (or their children/grandchildren).

² A legally separated spouse is not eligible for UC-sponsored coverage.

Eligible Child

You may enroll eligible children shown in the chart below.

Note that your disabled child aged 23 or older is still considered to be your eligible child and not an adult.

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

Tax Dependency

In order to be eligible for UC-sponsored coverage, **your stepchild, grandchild or step-grandchild must be claimed as a tax dependent by you or your spouse. Your domestic partner's child or grandchild must be claimed as a tax dependent by you or your domestic partner.** See the chart below

Reminder: Your family member(s) are only eligible for the plan(s) for which you are eligible and in which you have enrolled (see "Health and Welfare Benefits Packages" on page 3).

Eligible Child

Family Member	Eligibility Must be	Medical	Dental	Vision	Legal	AD&D	Dependent Life
Natural or adopted child	To age 23 • unmarried	•	•	•	•	•	•
Stepchild	To age 23 • unmarried • living with you • supported by you or your spouse (50%+) • claimed as a tax dependent by you or your spouse	•	•	•	•	•	•
Grandchild or step-grandchild	To age 23 • unmarried • living with you • supported by you or your spouse (50%+) • claimed as a tax dependent by you or your spouse	•	•	•	•	•	•
Domestic partner's child or grandchild ¹	To age 23 • unmarried • living with you • supported by you or your domestic partner (50%+) • claimed as a tax dependent by you or your domestic partner	•	•	•	•	•	•
Legal ward enrolled 1/1/95 or after	To age 18 • unmarried • living with you • supported by you (50%+) • claimed as your tax dependent	•	•	•	•	•	•
Overage disabled child (except a legal ward) of employee	Age 23 or older • unmarried • living with you if not your natural or adopted child • enrolled in a group medical plan before age 23 with continuous coverage and the incapacity must have begun before age 23 • supported by you (50%+) and claimed as your 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 which may offset the Social Security or Supplemental Security Income • incapable of self-support due to a mental or physical disability incurred prior to age 23 • must be approved before age 23 or by the carrier during the PIE for newly eligible employees	•	•	•	•	•	•

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

for other family members who must be claimed as your tax dependent.

Custody Arrangements

If you have a custody arrangement where you and the other parent are responsible for 50 percent of a child's (stepchild or domestic partner's child) support, only those children listed as tax dependents on the tax return for you or your current spouse/domestic partner can be covered under UC-sponsored health plans.

For example, if you and the other parent share in the support of your stepson and stepdaughter and the custody agreement states you may claim your stepson and the other parent may claim your stepdaughter, **only** your stepson can be covered by UC-sponsored health plans. Even though you are responsible for a portion of the support for both children, only your stepson may be covered under UC-sponsored plans.

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 the automatic employee coverage and remain covered as another employee'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 covered by more than one UC employee's plan coverage. For example, if a husband and wife both work for UC, their children cannot be covered by both family members.

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

Exclusion for Pre-existing Conditions

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

However, enrolling in or increasing coverage for Supplemental and Dependent Life insurance and Supplemental Disability insurance outside of a period of initial eligibility (PIE) does require a statement of health. Pre-existing conditions may also limit the amount of benefits you can receive under Supplemental Disability during your first year of coverage.

Ineligible Family Members

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

Whenever a family member loses eligibility to participate in UC-sponsored plans, it is your responsibility to de-enroll that family member by submitting an *Enrollment, Change, Cancellation, or Opt Out—Employees Only Health and Welfare Plans* form (UPAY 850). If you do not, you are liable for any excess UC costs and for any plan expenses incurred by the ineligible family member.

Making false statements about your family member(s) satisfying eligibility criteria, failing to notify the University of loss of eligibility within 31 days, or failing to provide documentation when requested is considered misuse of the plan (see page 8).

Former Spouse/Domestic Partner

UC health and welfare eligibility rules do not allow for coverage of an ex-spouse/domestic partner. See question 9 on page 10 for more details.

Adult Dependent Relative

Adult dependent relatives who are eligible for Medicare are not eligible for coverage in UC-sponsored health plans. Adult dependent relatives reaching age 65 will be automatically de-enrolled unless you submit a *Medicare Declaration* form (UBEN 126) and documentation that proves they are ineligible for Medicare Part A.

To notify UC that your adult dependent relative is not eligible for Medicare, contact your local Benefits Office before they turn age 65.

Enrollment

When to Enroll

Period of Initial Eligibility (PIE)

A PIE is a time during which you or your eligible family members may enroll in UC-sponsored health plans. A PIE starts on the first day of eligibility—for example, the day you are hired into a position that makes you eligible for medical coverage. For online enrollments, it ends 31 days later. For paper enrollments, it ends 31 days later or on the last working day of that 31-day period, whichever comes first. UC defines a working day as a normal business day—Monday through Friday, excluding holidays.

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

If you are eligible for the Full Benefits package and don't enroll, UC will automatically enroll you for self-only coverage in the Core medical plan, the Delta Dental plan, and the Vision Service plan.

If you are eligible for the Mid-level Benefits package or the Core Benefits package but don't enroll, UC will automatically enroll you for self-only coverage in the Core medical plan.

Other Periods of Initial Eligibility

If you are not enrolled in a UC-sponsored health and welfare plan, and you have a newly eligible family member, you may enroll yourself and your eligible family member(s) when your family member becomes eligible.

New Family Member

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

Adopted Child

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

Moving Out of a Service Area

If you move out of an HMO, Anthem Blue Cross PLUS, or DeltaCare® USA service area, you and/or your eligible family members must transfer into a medical plan and/or dental plan in your new location. If you return to the HMO, Anthem Blue Cross PLUS, or DeltaCare® USA service area, you may transfer back. If you are returning from another HMO, you may select any plan for which you are eligible.

Declined Enrollment

You may decline (opt out of) enrollment in UC health plans for yourself and/or your eligible family members because you have other medical insurance coverage or because of religious beliefs.

If you decline due to having other health coverage and you subsequently lose that coverage involuntarily, you may enroll yourself and/or your eligible family members in a UC-sponsored health plan. You must request the enrollment within 31 days after the other coverage ends. Contact your local Benefits Office for more information.

New Faculty Member

If you are a newly appointed faculty member and don't enroll when first eligible, a second PIE starts on the first day of classes for the semester or quarter in which your appointment starts or the first day of arrival to the campus, whichever occurs first.

Other Enrollment Options

To be sure you get the coverage you want, sign up during your PIE. If you miss your PIE, however, you may enroll in selected UC-sponsored plans as follows:

Open Enrollment

Open Enrollment (usually held in the fall) is your annual opportunity to transfer to a different medical or dental plan, add eligible family members, enroll in or opt out of UC-sponsored medical, dental, vision plans, and/or opt in or out of TIP, and enroll or re-enroll in DepCare FSA and Health FSA. Changes made during Open Enrollment are effective January 1 of the following year. If you have opted out of UC-sponsored coverage, you may enroll yourself and your family members in a UC-sponsored medical, dental and/or vision plan during Open Enrollment.

The legal plan is open to newly eligible employees or during Open Enrollment only periods which specify

the plan is open.

Statement of Health

You may enroll in Supplemental and Dependent Life insurance by submitting a statement of health to the insurance company for approval. A statement of health is also required to enroll in Supplemental Disability insurance or to reduce your waiting period.

The insurance company may or may not accept your enrollment based on the statement of health.

Medical Coverage Only

If you get married, establish a domestic partnership, or have a new child (through birth or adoption), you will have a new 31-day period of initial eligibility in which to enroll your new family member. During this PIE you may also change your medical plan. You may also have an opportunity to enroll in a medical plan if you opted out of UC coverage due to other coverage and employer contributions toward the other coverage terminated, or if you or an eligible family member reach your plan's lifetime limit on all benefits.

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 Accounting Office. Coverage is effective after the 90 days have elapsed. Your premiums may need to be paid on an after-tax basis.

Misuse of Plan

The University reserves the right to de-enroll employees and family members who misuse the plan. Misuse of the plan includes enrolling individuals who are ineligible.

Employees who misuse the plan will be subject to disciplinary action and will be responsible for any employer contributions to and benefits paid by the plan for the ineligible coverage.

In accordance with UC Group Insurance Regulations, ineligible enrolled family members who are identified via the annual Random Audit of Family Member Eligibility or through location audit efforts will be permanently de-enrolled. The employee and eligible family members will be de-enrolled for 12 months. Subject to carrier approval, the employee and eligible family members who are de-enrolled may be able to

continue coverage for 12 months by paying the applicable premium directly to the carrier. Ineligible family members are not eligible for continuation coverage. See page 6.

Loss of Eligibility

An enrolled family member's coverage stops at the end of the month in which he or she no longer meets all of the eligibility requirements (see the charts on pages 4 and 5).

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

In certain situations, you and your family members who lose eligibility may be able to continue group medical, dental, vision and/or Health FSA coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985, as amended). See the At Your Service website for additional information. The legal plan may be converted to an individual policy. Contact your Benefits Office for details.

Verification of Family Member Eligibility

UC and the insurance carriers reserve the right to request documentation (marriage or birth certificates, verification of domestic partnerships, adoption records, tax records, etc.) to verify eligibility for your enrolled family members. On an annual basis, UC conducts a review of family members enrolled in UC-sponsored health and welfare plans. Failing to provide documentation when requested will lead to de-enrollment of you and your family members for 12 months and possible legal action (see "Misuse of Plan" at left). In addition, employees will be subject to disciplinary action and will be responsible for any employer contributions to and benefits paid by the plan for the ineligible coverage. For additional information, see "Verification of Family Member" in *Your Group Insurance Plans*.

Note: Please do not submit any documentation unless UC HR or your carrier asks you to do so.

Questions and Answers

Eligibility for a Spouse/Domestic Partner

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

Yes. Your spouse becomes eligible for coverage in your UC-sponsored plans on the date you marry if you enroll within 31 days. During the 31-day period of initial eligibility, you may choose a different medical plan, if necessary.

If your new spouse also works for UC and is enrolled in UC coverage, he/she cannot be added to your plans unless the current coverage is cancelled. Since duplicate coverage is not allowed, he/she must choose whether to enroll as your family member or remain enrolled independently.

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

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

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

Yes. If your eligible family member loses individual or group coverage involuntarily, you may add him/her to your UC-sponsored plans within 31 days of the loss of coverage and you may also choose a different medical plan. If you miss the PIE, you may add your spouse to your medical plan only after a 90-day waiting period. (See “When to Enroll” on page 7 for additional information.) Proof of involuntary loss of the individual or group coverage will be required. Additionally, you may add him/her to your plan during any Open Enrollment.

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

When a UC employee is covered under a UC-spon-

sored medical plan and also is covered as a dependent under another plan, the UC-sponsored coverage pays first for the employee. If the UC employee's spouse also has dual medical coverage, the non-UC plan would be his/her primary coverage. The rules may be different if you are covered under another plan as an active employee and a retiree. Check your plan's booklet for details.

5. My spouse is covered under my UC medical plan. We are receiving Social Security benefits and were recently notified that we are eligible for Medicare. Even though I'm still working, are we still eligible for UC-sponsored medical coverage? Should we enroll in Medicare?

Yes. Your coverage through UC will continue under the basic (non-Medicare) medical plan, and you will automatically be enrolled in Medicare Part A. As long as you continue to work at UC, UC-sponsored medical coverage will be primary and Medicare Part A coverage will be secondary. The same applies to your spouse as long as he/she remains covered on your plan.

Once you retire from UC, you should contact Medicare to sign up for Medicare Part B. You will also need to complete UC's *Medicare Declaration* form (UBEN 126) and provide a copy of your Medicare card. (See page 12 for a list of Medicare related publications.)

If you retire and do not enroll in Medicare Part B, you and any enrolled family members will be permanently de-enrolled from UC-sponsored medical coverage. The UC Customer Service Center can help when you retire.

6. My same-sex partner and I were recently married, do I need to make any changes to my benefits?

If your spouse is not currently covered, you have 31-days from the date of the marriage to enroll your spouse. Complete the *Enrollment, Change or Cancellation* form (UPAY 850). If your spouse is currently enrolled under your UC-sponsored coverage, you do not need to make any enrollment changes, but you may want to let your Benefits Office know about your change in status.

Eligibility for a Domestic Partner

7. My same-sex domestic partner and I are currently not registered as domestic partners with the State of California Domestic Partners Registry, nor are we

married. Can I still add my domestic partner to my UC-sponsored plans?

Yes. To add your domestic partner when he or she becomes eligible, you must submit an *Enrollment, Change, Cancellation, or Opt Out—Employees Only Health and Welfare Plans* form (UPAY 850). This form is available from the At Your Service website under “Forms & Publications.” You may also request a copy of the form from your local Benefits Office.

8. May I add my domestic partner to my UC-sponsored plans?

Yes. You may add your domestic partner during your 31-day PIE when your domestic partner meets the UC eligibility requirements.

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

Under current Internal Revenue provisions, the value of employer-paid medical coverage for anyone who is not your tax dependent is considered imputed income and is subject to FICA (Social Security and Medicare), federal income taxes, and any other required payroll tax.

If you and your partner are registered with the State of California and you have submitted UC’s form UPAY 850 indicating you and your partner are registered and the filing date, you will not have imputed income for California income tax purposes. Any out-of-pocket premium cost for medical coverage of your partner (and/or your partner’s child/grandchild) will be deducted from your pay on a pretax basis for California income tax purposes. For federal tax purposes, you will have imputed income and the out-of-pocket premium cost must be paid on an after-tax basis.

If you claim your partner and/or your partner’s child or grandchild as your tax dependent, you should not have imputed income.

Eligibility for a Former Spouse/Former Domestic Partner

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

No. A former spouse/domestic partner is not eligible. Eligibility stops on the last day of the month in which a divorce, legal separation, annulment, or termination of partnership is final. Be sure to de-enroll your former spouse/domestic partner from all plans in which he/she is enrolled.

If a legal decree requires you to maintain health coverage for your former spouse/domestic partner or any other ineligible family member, you must make private arrangements for such coverage. You may not keep your former spouse/domestic partner or any other ineligible family members on your UC plans. However, your former spouse/domestic partner and any other ineligible family members may be able to continue medical, dental, or vision coverage through COBRA. (Note: COBRA does not apply to those who have never met UC’s eligibility requirements.) For information about COBRA continuation privileges, see the At Your Service website or contact your Benefits Office.

Eligibility for an Adult Dependent Relative

11. Can I cover my parent?

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

Eligibility for Child(ren)

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

Your unmarried natural or adopted children may be eligible for coverage up to age 23 whether or not they live with you and regardless of how much of their support you provide. If he is not claimed as your tax dependent, you are subject to imputed income. For information on imputed income, see the At Your Service website. If you are enrolled in an HMO medical plan or the DeltaCare® USA dental plan, your enrolled family members must live in the plan’s service area. Contact your plan directly to confirm your options.

13. If my children are covered by my UC medical plan and my spouse also covers our children under her non-UC plan, which plan will pay first for medical services for our children?

Generally, under the “birthday rule” provision, the plan of the parent whose birthday falls earlier in the year pays first. If one plan does not have a birthday rule, the provisions of that plan determine the order of benefits.

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

If your child's permanent residence is your address, living away at school will not make him ineligible. However, if you are enrolled in an HMO medical plan or the DeltaCare® USA dental plan, your enrolled family members can receive services only from contracted providers, except in emergencies. Call your plan for more information.

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

To satisfy UC eligibility requirements, their permanent residence must be the same address as yours. (UC eligibility requirements include, but are not the same as, those of the IRS.)

Eligibility for a Legal Ward

16. Why does eligibility for a legal ward end at age 18 when it continues to age 23 for other children?

California law stipulates that legal guardianship ends when a child reaches age 18. Consistent with the law, group insurance for legal wards will stop at the end of the month in which the child turns 18.

17. My legal ward will soon turn age 18 and will no longer be eligible for coverage on my UC-sponsored plans. Is she eligible for health coverage under COBRA?

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

Eligibility for Disabled Child(ren)

18. My child is 22 years old and disabled. How can I continue to cover her on my UC-sponsored plans?

Assuming that all eligibility requirements are met (see the chart on page 5), you must obtain approval from your medical plan before your child's 23rd birthday and notify your local Benefits Office. Be sure to call as soon as possible prior to your child's birthday; the

process can take two to three months. If the medical plan carrier approves continued coverage, your child may also remain enrolled in UC-sponsored dental, vision, legal, Dependent Life and AD&D coverage. Contact your medical plan for information and the proper form. Note that UC and your medical plan have the right to periodically request proof of continued disability in order to continue UC-sponsored group coverage.

Eligibility for Stepchild(ren)

19. I cover my stepson on my UC-sponsored plans. Next year, my husband and I want to file separate tax returns. Will my stepson still be eligible for UC-sponsored coverage?

Yes, as long as he meets all eligibility requirements. UC eligibility requirements specify that a stepchild must be claimed as a tax dependent either by you or your spouse for the tax year corresponding to the coverage.

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

No. To qualify for coverage, your stepdaughter must be claimed as your (or your wife's) tax dependent.

Eligibility for Other Enrollees

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

If the child was enrolled before January 1, 1995, and coverage has been continuous, living with you is not a requirement for a legal ward. If the child was enrolled on or after January 1, 1995, however, you cannot enroll him or her as a legal ward unless he or she is living with you. See the chart on page 5 for details.

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

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

For More Information

The following publications are available online from At Your Service (atyourservice.ucop.edu) or from your Benefits Office.

Health and Welfare Benefits

- *Your Group Insurance Plans*
- *Health Flexible Spending Account (Health FSA) Summary Plan Description*
- *Dependent Care Flexible Spending Account (DepCare FSA) Summary Plan Description*
- Evidence of Coverage booklets
- *Health FSA/DepCare FSA Enrollment, Change, or Cancellation Salary Reduction Agreement (UPAY 919)*
- *Disability Factsheet*
- *Disability Benefits Information for Faculty*
- *Pregnancy and Newborn Child Factsheet for Employees with Sick Leave*
- *Tax Savings on Insurance Premiums (TIP) Summary Plan Description*
- *Group Insurance Eligibility Factsheet for Retirees and Eligible Family Members*
- *Benefits for Domestic Partners*

Medicare

- *Medicare Factsheet*
- *Medicare Declaration (UBEN 126)*
- *Medicare Universal Enrollment Request Form*
- *Medicare Advantage Prescription Drug Plan Disenrollment Form (UBEN 101)*

Life Events (Benefits Checklists)

- Family Changes
- Family and Medical Leave
- Furlough
- Indefinite Layoff
- Leave Without Pay
- Military Leave
- Paid Leave
- Sabbatical Leave
- Temporary Layoff
- Termination of Employment

UC Retirement

- UCRP summary plan descriptions
- *UC Retirement Handbook*
- *The UCRP Buyback Booklet*

To find Benefits Office phone numbers, select “Directories and Contacts” under “Quick Links” on the UC HR website (atyourservice.ucop.edu).

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

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

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Website address: atyourservice.ucop.edu



University of California
Human Resources
P.O. Box 24570
Oakland, CA 94623-1570



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