

University of California



Group Insurance Eligibility Factsheet

for Retirees and Eligible Family Members

This factsheet describes UC's general rules about eligible family members in the UC-sponsored group insurance plans: medical, dental, and legal.

This factsheet describes eligibility only. The information in this factsheet is subject to change. The At Your Service website contains detailed information about UC-sponsored plans including UC plan summaries, plan website links and telephone

numbers and plan costs (atyourservice.ucop.edu; select "Health & Welfare Benefits").

For information about continuing medical, dental, and legal plan coverage into retirement, see the *UC Retirement Handbook*. For detailed information about Medicare, see *UC's Medicare Factsheet*.

Please refer to the *Benefits for Domestic Partners* booklet, if applicable to you.

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Eligible Family Members

Your family members are eligible for medical, dental, and/or legal plan coverage as long as they meet the requirements shown in the chart below and on page 3.

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).

For example, if you cover an adult dependent relative on your medical plan, you may not enroll your spouse in a UC-sponsored dental plan.

Ineligible Family Member Coverage

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, nephews, legally separated spouses, former spouses, foster chil-

dren, and your children's and grandchildren's spouses.

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 will lead to de-enrollment of you and your family members for 12 months and possible legal action.

In addition, retirees will be responsible for any UC contributions to and benefits paid by the plan for the ineligible coverage.

Whenever a family member loses eligibility to participate in UC-sponsored plans, it is your responsibility to de-enroll that family member online or by submitting a UBEN 100 form, otherwise you are liable for any excess UC costs and for any plan expenses incurred by the ineligible family member.

Subject to carrier approval, you may be able to continue coverage for you and your eligible family members for 12 months under the COBRA arrangement by paying 102 percent of the normal premium costs directly to the carrier. Ineligible family members are not eligible for COBRA continuation.

Eligible Adult

Retirees may only enroll in medical, dental and legal plans. AD&D coverage is available only to you and your spouse/domestic partner (payment must be made directly to American Home Assurance).

Medical
Dental
Legal
AD&D

Family Member	Eligibility	Must be	Medical	Dental	Legal	AD&D
Legal spouse ^{1, 2}	Eligible	—	•	•	•	•
Domestic partner ¹ (same-sex/opposite-sex)	Age 18 or older	<ul style="list-style-type: none"> • if opposite sex either the retiree 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 Benefits 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 Benefits 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 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 son 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.

If you have a custody arrangement where you, your spouse or domestic partner claim a child as a tax dependent every other year, that child is only eligible for UC-sponsored coverage in those years. Therefore, you are required to remove the child from your UC-sponsored coverage in the years in which he/she does not qualify as a tax dependent by either you, your spouse or domestic partner. For example, if your stepchild is claimed as a tax dependent in 2008, 2010, and 2012, those are the only years that the child can be covered by UC-sponsored health plans. During Open Enrollment you can add or delete family members as needed for the following tax year.

Eligible Child

Family Member	Eligibility	Must be	Medical	Dental	Legal
Natural or adopted child	To age 23	<ul style="list-style-type: none"> unmarried 	•	•	•
Stepchild, grandchild, or step-grandchild	To age 23	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> unmarried living with you supported by you (50%+) claimed as your tax dependent 	•	•	•
Overage disabled child (except a legal ward) (must be approved by the carrier)	Age 23 or older	<ul style="list-style-type: none"> 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 by the carrier during the PIE and periodically after 	•	•	•

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

Important Rules

Former Spouse/Domestic Partner

UC health and welfare eligibility rules do not allow for coverage of an ex-spouse/domestic partner. See question 7 on page 8 for more details.

Adult Dependent Relative

Adult dependent relatives enrolled in or eligible for Medicare Part A or who purchase Part B 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 which proves they are ineligible for Medicare Part A.

To notify UC that your adult dependent relative is not eligible for Medicare, call the UC Customer Service Center (1-800-888-8267) before they turn 65.

Note: As of January 1, 2004, this category was closed to new enrollees.

No Duplicate UC Coverage

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

Family members of UC retirees may not be enrolled in more than one UC retiree's plan. For example, if a husband and wife both have UC-sponsored coverage, their children cannot be covered by both parents.

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 benefits provided due to the duplicate enrollment.

No Exclusion for Pre-existing Conditions

You and your eligible family members 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 and your eligible family members will not be asked for a statement of health.

Rehired Retirees with Medical Benefits

If you decide to return to work for the University and are hired into a position eligible for medical benefits, your coverage as a retiree will be affected. Please see the *Returning to UC Employment After Retirement Waiver and Factsheet*.

Medicare

Medicare is the federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS). Medicare has three parts: Medicare Part A (hospital insurance), Medicare Part B (medical insurance) and Medicare Part D (prescription drug coverage).

UC has specific requirements for its retirees, disabled members, and their enrolled family members who are eligible for Medicare Part A. Those who do not comply with UC's requirements will be permanently de-enrolled from UC-sponsored medical plans. See UC's *Medicare Factsheet* for additional information including:

- Medicare eligibility and enrollment,
- the Medicare prescription drug benefit,
- UC enrollment requirements for retirees,
- returning to work at the University,
- UC medical plans for Medicare enrollees, and
- how Medicare works with UC medical plans

Enrollment

When to Enroll

You may enroll your family members during a period of initial eligibility or during Open Enrollment.

Period of Initial Eligibility (PIE)

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 their enrollment is completed during their PIE, coverage is effective the date the PIE began.

Period of initial eligibility (PIE)—A PIE is a time during which 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 marry. The PIE 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.

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.

Medical Plan Changes

If you get married or establish a domestic partnership, or if you 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 change medical plans if you suspended UC coverage due to other coverage and employer contributions toward other coverage terminated, or if you or an eligible family member reach your plan's lifetime limit on benefits.

Moving Out of a Service Area

If you move out of an HMO, Blue Cross PLUS, or DeltaCare® USA (formerly PMI) service area, you and your eligible family members must transfer to a UC-sponsored medical and/or dental plan that provides service in your new location. If you return to the

HMO or Blue Cross PLUS or DeltaCare® USA service area, you may transfer back. If you are moving out of an HMO service area, when you return, you have the option of returning to your former medical plan or you may select any plan for which you are eligible.

Suspension of Medical Enrollment

In certain circumstances, you can suspend UC retiree coverage. You may decline enrollment for yourself and/or your eligible family members because you have other group or individual insurance coverage, or because of religious beliefs.

If you lose the other coverage involuntarily, you can re-enroll in a UC medical plan during a 31-day PIE that begins the date you lost your other group or individual coverage. Examples of involuntary loss of coverage would be if your company/employer terminates their plan; you have coverage through a spouse or domestic partner which ends because their job ends; or the insurance carrier cancels your individual plan. See question 20 on page 9.

You may also re-enroll in a UC medical plan during any Open Enrollment.

Members who were only eligible for Core level medical benefits upon retirement are limited to re-enrolling in Core Medical upon return from suspended coverage.

Open Enrollment Options

Open Enrollment

Open Enrollment (usually held in November) is your annual opportunity to transfer to a different medical or dental plan, or add eligible family members to your medical and/or dental plan. If you previously "suspended" your eligibility for UC-sponsored medical coverage (see above), you may re-enroll yourself and your family members even if you still have the other coverage. Changes made during Open Enrollment are effective January 1 of the following year.

90-Day Waiting Period (Medical Coverage Only)

If you do not enroll your family member(s) within the 31 days when first eligible, you may enroll them at a later date. However, each family member will need to complete a waiting period of 90 consecutive calendar days before medical coverage becomes effective.

Legal Plan

The legal plan is only open during announced Open Enrollment periods.

To be eligible for the legal plan, retirees must have been eligible for the legal plan as an employee.

Loss of Family Member's 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 2 and 3).

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, family members who lose eligibility may be able to continue group medical, dental, and vision coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985, as amended). The legal plan may be converted to an individual policy. See the At Your Service website or call the UC Customer Service Center at 1-800-888-8267 for more information about COBRA.

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 (Random Audit of Family Members Eligibility) 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," below). In addition, retirees 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. Please do not submit any documentation unless UC HR/Benefits or your carrier asks you to do so.

Misuse of Plan

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

In accordance with UC Group Insurance Regulations, ineligible enrolled family members who are identified via the annual Random Audit of Family Members Eligibility or through campus/laboratory audits will be permanently de-enrolled. The retiree and eligible family members will be de-enrolled for 12 months. Although these individuals are not eligible for COBRA continuation, subject to carrier approval, the retiree and eligible family members who are de-enrolled may be eligible for continued coverage under the COBRA arrangement for 12 months by paying the applicable premium directly to the carrier. Ineligible family members are not eligible for COBRA continuation.

After Enrollment

Confirm Your Choices

It is your responsibility to notify the UC Customer Service Center of any errors in your enrollment. Review your retirement check stub or electronic direct deposit statement to confirm it reflects your benefit choices.

Keep Your Records Updated

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

Submit a *UC Address Change Notice* form (UBEN 131) to update your address and an *Enrollment, Change, or Cancellation—Direct Deposit* form (UCRS 160) to update your monthly direct deposit for your benefit check. You may also update your address by calling the UC Customer Service Center at 1-800-888-8267.

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 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 plans. Be sure to verify your medical plan service area. If you divorce, become legally separated, or 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 retiree 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 choose a different medical plan, if necessary. Proof of involuntary loss of the individual or group coverage will be required. Or, you may add your spouse after a 90-day waiting period in a medical plan only. (See “When to Enroll” on page 5.) When you add a spouse during the new PIE, you may also change your medical plan during the PIE. You may also add him/her to your plan during any Open Enrollment; the change will be effective the first of the following year.

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, which coverage is primary?

When a UC retiree is covered under a UC-sponsored medical plan and is also covered as a dependent under another plan, the UC-sponsored coverage is primary for the retiree. If the UC retiree’s spouse also has dual medical coverage, the non-UC plan would be his/her primary coverage. If the non-UC plan is employer group coverage, that coverage may be primary coverage.

5. My same-sex domestic partner and I are currently not registered as domestic partners with the State of California Domestic Partners Registry. 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 a *Retiree Continuation, Enrollment, or Change* form (UBEN 100). This form is available from the At Your Service website under “Forms and Publications” under “Quick Links.” You may also request a copy of the form from the UC Customer Service Center.

6. 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 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

7. 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 may be able to continue medical or dental coverage through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). For information about COBRA continuation privileges, see the At Your Service website or contact the UC Customer Service Center at 1-800-888-8267.

Eligibility for an Adult Dependent Relative

8. 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)

9. 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 you are enrolled in an HMO medical plan or the DeltaCare® USA dental plan, however, your enrolled family members must live in the plan's service area. Contact your plan directly to confirm your options.

10. 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.

11. 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

12. 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.

13. 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 medical, dental, and vision 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, see the At Your Service website or contact your Benefits Office.

Eligibility for Disabled Child(ren)

14. 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 3), you must obtain approval from your medical plan before your child's 23rd birthday and notify the UC Customer Service Center. If the medical plan carrier approves continued coverage, your child may also remain enrolled in UC-sponsored dental and legal coverage. Contact your medical plan

for information and the proper form. Note that UC and your medical plan have the right to request proof of continued disability periodically in order to continue UC-sponsored group coverage.

Eligibility for Stepchild(ren)

15. 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.

16. 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

17. I am a 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/she is living with you. Refer to the chart on page 3 for complete details.

18. 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 again next year?

No. UC allowed coverage for "other children" prior to 9/1/94, but no longer allows new enrollees in this category. "Other children" enrolled prior to 9/1/94 may remain covered as long as they remain eligible.

General Questions about UC-Sponsored Coverage

19. I am a UC retiree and for part of the year I live outside of California. Can I keep my UC-sponsored medical coverage?

You can keep your current medical coverage if you are enrolled in the High Option Supplement to Medicare plan, Blue Cross PPO, or Core plans, which provide worldwide coverage. If you are enrolled in an HMO or Blue Cross PLUS and you will be out of the plan's service area for more than two months, UC regulations require you to transfer to a UC-sponsored medical plan that provides service in your new location. If you remain in the HMO while you are away from the plan's service area for more than two months, your plan may not provide coverage and may de-enroll you.

Your medical plan options are based on your address of record. If you move, you may have to change plans. Be sure to call the UC Customer Service Center before you relocate to another residence (either temporarily or permanently). They will explain your plan options and send you the applicable UC forms. Upon receiving your address change information, the University will forward your new address to your medical plan.

Medicare enrollees: Also see question number 27 on page 11.

20. If I decide to suspend my UC-sponsored retiree medical plan coverage because I have plan coverage outside of UC, will I lose my UC-sponsored coverage permanently?

No. If you suspend your coverage, you will have three opportunities to re-enroll in a UC-sponsored medical plan. The three options are explained below.

When UC-sponsored medical coverage is suspended, it also suspends UC-sponsored medical coverage for all enrolled eligible family members, UC Medicare Part B premium reimbursement (if any), and UC/ employer medical plan contributions. If a retiree or survivor is enrolled in a UC-sponsored dental plan, that coverage will continue for the retiree or survivor and eligible family members.

To suspend UC-sponsored medical coverage, a retiree or survivor must submit a completed and signed UBEN 100 form, and, if enrolled in a UC-sponsored Medicare Advantage Prescription Drug plan, a UC plan disenrollment form. Both of these forms are available from the UC Customer Service Center.

Option 1: If you have other group or individual (direct pay) medical coverage, you may elect to suspend your UC-sponsored medical coverage and retain eligibility to re-enroll in a UC-sponsored medical plan during any future Open Enrollment (usually held in November), whether or not you are covered by the other plan at the time. When you enroll during Open Enrollment, coverage is effective January 1 of the following year.

Option 2: If you are enrolled in another group or individual medical plan and lose the coverage involuntarily due to termination of employment, loss of eligibility, leave without pay, death, divorce, or cancellation of the contract, you will have a new period of eligibility in which to enroll in a UC-sponsored medical plan.

Your UC enrollment form must be submitted within 31 days of the date of the involuntary loss of coverage and must be accompanied by documentation from your or your family member's employer or insurance company showing:

- the name of the employer or insurance company,
- the name of your medical plan,
- the names of your enrolled family members,
- the date the coverage terminated, and
- the reason for the involuntary loss of coverage.

Option 3: If employer contributions toward other coverage terminates, or if you reach the lifetime limit on benefits, you will have a new PIE in which to enroll in a new UC-sponsored medical plan.

21. If I decide not to elect UC-sponsored medical coverage, will I receive the UC contribution to use for plan coverage of my choice?

No. The UC contribution can only be applied to a medical plan offered through UC.

22. If I am retired and return to UC employment, will I have to re-enroll in my UC-sponsored plans?

It depends. If you return to UC employment, contact your local Benefits Office about the steps you should take to make sure your benefits are in place. Please see the *Returning to UC Employment After Retirement Factsheet and Waiver* for additional details.

Medicare

23. I was notified by Social Security that I am eligible for Medicare Parts A and B. Do I need to inform UC? Will I still be able to continue my UC-sponsored coverage?

Yes. If you are retired, you will need to inform UC of your Medicare eligibility and you will be able to continue your UC-sponsored coverage.

Approximately three months before your 65th birthday (or the 65th birthday of your enrolled family member), UC will send information about Medicare along with instructions for securing your benefits under both Medicare and UC. Please note that if you are not eligible for Medicare, UC requires that you send a copy of your denial letter from Social Security. If you do not, UC will cancel your medical coverage.

If you have an enrolled family member, UC will ask for proof of Medicare enrollment three months prior to your family member's 65th birthday. If your family member is eligible for Medicare prior to that age, you should advise UC.

You will remain eligible for UC-sponsored coverage, and, in most cases, you will be able to continue with your current medical plan. If you are enrolled in an HMO, however, the service area and network providers for your plan may differ from your HMO's non-Medicare plan. You should contact your medical plan to ensure that you live within the plan's Medicare service area and that your primary care physician and medical group are network providers for the Medicare plan. If your primary care physician is not a network provider, you will have to choose another physician. If you enroll in a Medicare Advantage Prescription Drug Plan, you must assign your Medicare benefits to the plan. Otherwise UC will cancel your coverage. If you live outside the service area for Medicare enrollees, you may need to change medical plans.

For questions about de-enrollment, call the UC Customer Service Center.

24. If I am not eligible for Medicare based upon my employment, can I qualify in any other way?

You may be eligible for Medicare based on the employment of your current spouse, former spouse, or deceased spouse, if any. Contact Medicare directly to determine if you qualify. To avoid Medicare penalties, you should consider enrolling in Part B, even if you are not eligible for premium-free Part A until a later date through your spouse.

25. If I sign up or am enrolled in a non-UC sponsored Medicare Part D Prescription Drug Plan, will I lose my UC-sponsored Medicare medical coverage?

If you and/or your eligible family members are enrolled in a UC-sponsored Medicare medical plan that includes prescription drug coverage, you have been automatically enrolled in Medicare Part D. If you and/or they enroll in a non-UC sponsored Medicare medical plan that includes Medicare Part D coverage or if you enroll in a separate Medicare Part D plan, you and/or they lose eligibility to participate in the UC-sponsored plan. Medicare beneficiaries can only be enrolled in one Medicare Part D plan.

The UC-sponsored PPO Medicare Without Prescription Drug plan is an option available to eligible retirees and their eligibility dependents. This plan has no prescription drug coverage.

26. If I sign up for a non-UC-sponsored Part D plan, will I be able to keep my UC medical coverage?

No. If you decide to enroll in a Medicare Advantage Prescription Drug plan, you may not continue your UC-sponsored medical plan coverage and you must notify the UC Customer Service Center at 1-800-888-8267.

27. If I am enrolled in Medicare Parts A and B and need to transfer to another UC medical plan, what actions should I take to ensure that my coverage remains intact?

Your medical plan options are based on your address of record. HMO plans and primary care physicians (PCPs) are not available in all areas. If you must change plans, you should call the UC Customer Service Center about your plan options and to obtain the applicable UC forms. Additionally, before enrolling in another HMO plan, you should call the plan to verify that you live within the plan's Medicare service area and that your PCP is a participating physician.

If you enroll or cancel enrollment in Kaiser Permanente—CA, Health Net, or Western Health Advantage, you will need additional forms to complete your change:

- When transferring into one of the above plans, you must complete a *Medicare Advantage Universal Enrollment Form* and mail it to your new plan before the new coverage takes effect.
- If you are transferring out of one of the above plans and into a plan that is not a Medicare Advantage Prescription Drug plan (Blue Cross PLUS, Blue

Cross PPO, Kaiser Permanente Mid-Atlantic, Core and High Option Supplement to Medicare), you must complete UC's *Medicare Advantage Prescription Drug Plan Disenrollment Form* and mail it to your current Medicare Advantage plan before the new coverage takes effect.

Both of these forms are available from the UC Customer Service Center or on the At Your Service website.

For information about Medicare benefits, read the *Medicare Factsheet* (available on At Your Service or from the UC Customer Service Center).

28. I have coverage under UC and another employer. Will I have to sign up for Medicare when eligible?

Yes. Retirees who are eligible for premium-free Part A and who want to continue UC-sponsored coverage must enroll in Medicare Part B. If you do not enroll in Part B, you will be permanently de-enrolled from UC-sponsored medical coverage.

General Questions

29. I am a UC retiree receiving UC-sponsored medical and dental benefits. Can my enrolled family members continue coverage after I die?

Yes, if the following conditions apply:

- They are eligible for enrollment in your UC-sponsored medical and/or dental plan on the date of your death; and
- A monthly benefit (survivor income or contingent annuitant benefit) is payable within 120 days of your death.

30. My spouse (now deceased) was a UC retiree, and I am eligible to continue my UC-sponsored group insurance. If I remarry, can I cover my new spouse?

No. The surviving spouse cannot enroll another spouse or domestic partner in any UC-sponsored group insurance plan.

31. My spouse passed away after I retired from UC. May I add a new spouse to my insurance plans? Will my new spouse receive survivor benefits after I die?

Yes, you may add a new spouse to your insurance plans, but your new spouse will not be eligible to receive survivor benefits, which means UC-sponsored insurance will stop upon your death.

For More Information

The following publications are available online from At Your Service (atyourservice.ucop.edu) or from the UC Customer Service Center.

Health and Welfare Benefits

- *Dental Plan Summary*
- *Benefits for Domestic Partners*
- Evidence of Coverage booklets
- *ARAG Legal Plan* booklet
- *Health Care Facilitator Program* booklet

Medicare

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

Life Events (benefits checklists)

- Family Changes

UC Retirement

- *UC Retirement Handbook*
- *Returning to UC Employment After Retirement—Factsheet and Waiver*

UC Customer Service Center

Call the UC Customer Service Center at 1-800-888-8267, Monday–Friday, 8:30 a.m.–4:30 p.m. (PT).

By authority of the Regents, University of California Human Resources and Benefits, 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.

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to Director of Diversity and Employee Programs, University of California Office of the President, 300 Lakeside Drive, Oakland, CA 94612 and for faculty to Director of Academic Affirmative Action, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

Website address: atyourservice.ucop.edu



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



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