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## Getting the Most From Your Health and Welfare Plans

Employee benefits are an important part of your University of California compensation package. To cover your needs, the University offers you and your family a wide range of health and welfare plans. This booklet provides a summary of the UC-sponsored benefit plans available and covers eligibility requirements, plan options, plan coverage, and enrollment.

Take the time to read this booklet and other benefits materials carefully, since there are many plan options and coverage levels to consider. The University provides additional materials and resources, which are useful in making decisions about the coverage you elect. For specific information about the UC-sponsored plans, access the UCbencom website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) and select "Health and Welfare" or contact your department or Benefits Office for:

- The *UC Group Insurance Eligibility Factsheet*, which provides general rules for enrolling eligible family members in UC's health and welfare plans, and includes helpful Frequently Asked Questions (FAQs) about eligibility.
- Medical Benefits Summary spreadsheets, which allow you to compare the benefits of all the medical plans. Benefits are described generally.
- Evidence of Coverage booklets for detailed summaries about the UC-sponsored medical, life insurance, disability, and accident insurance plans.

- Links to UC-sponsored medical plans, telephone numbers, addresses and group numbers.
- The Dental Plan Summary and Summary Plan Descriptions for the Dependent Care (DepCare) and Tax Savings on Insurance Premiums (TIP) programs.
- *Imputed Income and Taxes Factsheet for Employees and Annuitants*, which explains the tax consequences if you enroll a same-sex domestic partner and/or his/her child or grandchild in your medical or dental plans.
- The *California Medical Plans Behavioral Health* chart, which compares the medical plans' behavioral health benefits.

The UCbencom website provides online options to help you decide on your medical plan coverage. The following features are available:

- "Health Pages" (select "Health and Welfare") compares the medical plans and providers, and reviews the quality of physician care and services at affiliated hospitals. "Health Pages" allows you to search for details about a particular provider or specialist and find out what others have said about them.
- "HealthScope" (select "Health and Welfare") is a website that summarizes the quality of medical plans, hospitals, medical groups and resources available based upon independent surveys.

For additional descriptions about UCbencom features, see page 5.

Be sure to complete your enrollment or benefit change transactions by the specified deadline. Some transactions must be completed within a specified time—your 31-day period of initial eligibility (PIE), for example (see page 13)—or your benefits may be canceled or reduced. See pages 2 and 3 for information about when to enroll.

Make sure UC always has your current address, phone number, and direct deposit number for your monthly pay, if applicable. You may change your name, home address and telephone number online through "UC For Yourself" (<https://ucfy.ucop.edu>). So that UC can administer your benefits correctly and send you benefit information, it is important that your records are correct. You may also report any errors in your records or changes in your family to the person in your department who handles benefits.

Subject to plan amendments, the benefits information in this edition of *Your Group Insurance Plans* is effective January 1 through December 31, 2002.

# Benefits Overview

As one of the largest employers in California and New Mexico, UC employs a diverse group of people

working in a variety of jobs and careers. To meet the varied needs of its employees and their families,

UC offers a comprehensive and competitive benefits program.

## Health and Welfare Plan Summary

	Premiums Paid By	When to Enroll (see page 13)	For More Information
<b>Health Care</b>			
<b>Medical—Full &amp; Mid-level</b> Your choice of health maintenance organization (HMO), fee-for-service, or point-of-service (POS) plan.	UC or You and UC	<ul style="list-style-type: none"> <li>• During PIE</li> <li>• During OE</li> <li>• Anytime with 90-day waiting period</li> </ul>	See section beginning on page 21.
<b>Medical—Core</b> Plan pays 80% of covered charges after a \$3,000 annual per-person deductible. Pays 100% after your out-of-pocket costs reach \$7,600 for an individual.	UC	<ul style="list-style-type: none"> <li>• During PIE</li> <li>• During OE</li> <li>• Anytime with 90-day waiting period</li> </ul>	See section beginning on page 21.
<b>Dental</b> Choice of two dental plans; Delta Dental, a fee-for-service plan, or PMI, a prepaid plan (network available in California only). Both cover preventive, basic, and prosthetic dentistry, as well as orthodontics.	UC	<ul style="list-style-type: none"> <li>• During PIE</li> <li>• During OE</li> </ul>	See section beginning on page 33.
<b>Vision</b> Plan covers a variety of vision care services including eye exams, corrective lenses, and frames.	UC	<ul style="list-style-type: none"> <li>• During PIE</li> <li>• During OE</li> </ul>	See section beginning on page 37.
<b>Disability Insurance</b>			
<b>Short-Term Disability</b> Provides basic coverage for disabilities due to pregnancy, disabling injury, or illness. Pays 55% of your eligible earnings for up to six months (\$800 monthly maximum), after a waiting period. Injuries and illness must not be work-related.	UC	<ul style="list-style-type: none"> <li>• Automatic</li> </ul>	See section beginning on page 39.
<b>Supplemental Disability</b> Provides extended coverage for work-related and nonwork-related disabilities due to pregnancy, disabling injury, or illness. Supplements your Short-Term Disability/other income to pay up to 70% of your eligible earnings. You choose a waiting period.	You	<ul style="list-style-type: none"> <li>• During PIE</li> <li>• With SOH</li> </ul>	See section beginning on page 39.
<b>Workers' Compensation</b> Provides state-mandated coverage for work-related injuries.	UC	<ul style="list-style-type: none"> <li>• Automatic</li> </ul>	See page 44.
Key: PIE—Period of Initial Eligibility OE—Open Enrollment SOH—Statement of Health			(Chart continued on next page)

## Health and Welfare Plan Summary

	Premiums Paid By	When to Enroll (see page 13)	For More Information
<b>Life and Accident Insurance</b>			
<b>Basic Life</b> Provides employees eligible for Full Benefits with life insurance equal to your annual base salary, up to \$50,000. Coverage is adjusted if your appointment is less than 100% time.	UC	• Automatic	See section beginning on page 45.
<b>Core Life</b> Provides employees eligible for Core or Mid-level Benefits with \$5,000 of life insurance.	UC	• Automatic	See section beginning on page 45.
<b>Supplemental Life</b> Provides additional life insurance at group rates. You may insure yourself for up to four times your annual salary (to \$1,000,000 maximum).	You	• During PIE • With SOH	See section beginning on page 46.
<b>Basic Dependent Life</b> Provides \$5,000 of coverage for your spouse or same-sex domestic partner and each child.	You	• During PIE • With SOH	See section beginning on page 49.
<b>Expanded Dependent Life</b> Covers your spouse or same-sex domestic partner for 50% (up to \$200,000) of your Supplemental Life amount and covers each child for \$10,000.	You	• During PIE • With SOH	See section beginning on page 49.
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b> Provides up to \$500,000 protection for you and your family for accidental death, loss of limb, sight, speech, or hearing, or for complete and irreversible paralysis.	You	• At any time	See section beginning on page 52.
<b>Business Travel Accident</b> Provides \$100,000 of coverage when you travel on official UC business.	UC	• Automatic	See page 54.
<b>Other Insurance</b>			
<b>Legal Expense</b> Provides basic legal assistance for preventive, domestic, consumer, and limited defensive legal services.	You	• During PIE	See section beginning on page 55.
<b>Automobile and Homeowner/Renter</b> Individually underwritten plan provides coverage for cars, boats, motorcycles, homes, and apartments.	You	• At any time	See page 58.
<b>Tax-Savings Programs</b>			
<b>Dependent Care Assistance Program (DepCare)</b> Lowers your taxable income by allowing you to pay for up to \$5,000 (\$2,500 if you are married and filing a separate income tax return) of eligible dependent care expenses on a pretax basis.	Pretax reductions in your pay	• During PIE • During OE	See section beginning on page 59.
<b>Tax Savings on Insurance Premiums (TIP)</b> Lowers your taxable income by allowing you to pay health plan premiums (if any) on a pretax basis.	Pretax reductions in your pay	• Automatic • During OE • During PIE	See section beginning on page 61.

# Participation Terms and Conditions

Use of your Social Security number for benefit plan administration purposes complies with state and federal law.

If you participate in UC-sponsored plans, you agree to the following terms and conditions:

1. The medical plans that UC offers (except PacifiCare of Nevada, the behavioral health component of UC Care, UC Care out-of-area, High Option, and Core) and the PMI dental plan require resolution of medical malpractice and other disputes through binding arbitration. When you select one of these plans, you agree that any dispute between you (and/or your enrolled family members) and the medical or dental plan must be submitted to binding arbitration. You agree to give up your right to a jury or court trial to resolve these disputes. For more information about each plan's arbitration provision, please see the appropriate plan booklet.
2. You understand and accept the relevant terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and UC's Group Insurance Regulations.
3. You certify that all enrolled family members are eligible for coverage based on the definitions and rules specified in *Your Group Insurance Plans* and the *UC Group Insurance Eligibility Factsheet*.
4. If you enroll family members, the University may require proof of eligibility—marriage or birth

certificates, adoption papers, tax records, and the like. You agree to provide such documentation upon request. If you do not provide documentation when requested, you understand that your family member(s) will be disenrolled retroactively and you will be liable for costs incurred as a result of the invalid enrollment.

5. If you enroll your same-sex domestic partner and/or your partner's child(ren) or grandchild(ren), you understand that the value of the UC/employer contribution for medical and/or dental coverage for these individuals is considered taxable income to you and is subject to FICA (Social Security and Medicare) and income tax withholding.
6. When you specifically ask UC representatives to intercede on your behalf with your insurance plan, you authorize the plan to release to the UC representatives all relevant records pertaining to you and/or your family member(s), as appropriate. You also authorize UC to provide the insurance plan with any relevant personal health information.
7. You authorize deductions from your earnings to cover your premium share, if any, for the plans you have chosen for yourself and your eligible family members. This authorization will remain in effect until you change, cancel, or opt out of coverage.
8. You certify that all the information you provide is true to the best of your knowledge, under penalty of perjury.

## HIPAA (Health Insurance Portability and Accountability Act of 1996) Notification of Medical Program Eligibility

You may decline enrollment in medical plans for yourself and/or your eligible family members because you have other medical insurance coverage. If you lose that coverage involuntarily in the future, you may be able to enroll yourself and/or your eligible family members in a UC-sponsored medical plan. You must request enrollment within 31 days after the other coverage ends.

If you are not enrolled in a UC-sponsored medical plan, and you have a newly eligible family member as a result of marriage, birth, adoption, or placement for adoption, you may be eligible to enroll yourself and your eligible family member(s). You must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

If you do not enroll within the 31 days when you are first eligible, you may enroll at a later date. However, you will need to complete a waiting period of 90 consecutive calendar days before your medical coverage is effective, or you must wait until the next Open Enrollment to enroll.

## Benefits Assistance

Whenever you need benefits assistance, you have several resources to help you. The chart below summarizes the options available through the UCbencom website

([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) and bencom.fone (1-800-888-8267), an interactive telephone system available from your touch-tone phone, any time, day or night.

For a brochure covering bencom.fone instructions and features, select "How to Reach Us" on the UCbencom website, or refer to the *always at your service—bencom.fone* brochure available through your Benefits Office.

	UCbencom ( <a href="http://www.ucop.edu/bencom">www.ucop.edu/bencom</a> )	bencom.fone (1-800-888-8267)
<b>Health and Welfare</b>		
Compare the medical care services, doctors and specialists available	✓ (under "Health & Welfare" select "Health Pages" )	n/a
Obtain Summary Plan Descriptions, plan coverage booklets and other plan information	✓	n/a
Change your UC Personal Identification Number (UC PIN)	✓ (select "UC for Yourself")	✓
Enroll in health and welfare plans (for new hires or employees eligible for new benefits package)	✓ (not available to LANL employees)	✓
Obtain benefit forms to complete transactions and to elect/change certain benefits	✓ (select "Online Forms")	n/a
Obtain medical plan provider directories	✓ (under "General Info," select "Health & Welfare" and your plan)	n/a
Obtain telephone numbers and Internet links for health and welfare, retirement and savings programs, and state and federal agencies	✓ (select "General Info")	✓ (telephone numbers only)
Update your personal information, such as name, home address, telephone number, and income tax withholding	✓ (select "UC for Yourself")	n/a
Obtain a summary of your health and welfare plan enrollments	✓ (select "Your Benefits Summary")	✓
<b>Retirement Plans</b>		
Select, change, or review your contributions to UC retirement and savings programs	✓ (including Fidelity Investments and Calvert Socially Responsible Investments) select "Begin/Change Plan Contributions"	✓
Transfer balances in UC retirement and savings plans	✓ (select "Transfer UC Fund Balances")	✓
Obtain UCRP service credit balances	✓ (select "Your Benefits Summary")	n/a
Obtain UC-managed fund performance updates and your UC retirement and savings plans balances	✓	✓
Estimate future values of your UC retirement and savings plans	✓ (select "Retirement Plan Benefit Estimator" and "Forecast Your Fortune")	n/a
Elect distributions from your UC retirement and savings plans (certain limitations apply)	✓	✓
Apply for a 403(b) Plan loan	✓	✓
Access your 403(b) Plan loan balance	✓ (select "UCRS Account Balances")	✓ (not available to LBNL or LLNL employees)

## “UC For Yourself”

(<https://ucfy.ucop.edu>)

“UC For Yourself” allows UC employees to update personal information, such as name, home address, home telephone number, income tax withholding, and UC PIN changes. You may also establish security settings for “UC For Yourself” access and obtain UC employment verification to provide to banks and other agencies requesting such information.

As “UC For Yourself” evolves, it will include additional features.

## Your UC PIN

The key to bencom.fone is your UC Personal Identification Number—your PIN. When you become a UC employee, you sign a *Personal Identification Number (PIN) Authorization* form (UPAY 874) and receive a temporary PIN. Before you can access benefits information, you must follow the instructions to customize your PIN. Please see page 15 for additional information.

If you forget or lose your PIN, to arrange for a new one, you have the following options:

- Use the “UC for Yourself” online option (<https://ucfy.ucop.edu>);
- Call bencom.fone (1-800-888-8267); or
- Contact your local Benefits Office (see phone numbers at right).

## Local Benefits Offices

The person in your department who handles benefits and the staff in your Benefits Office are also available to help you.

They can tell you if any special presentations are scheduled for your location. They can also provide forms that you might need or give you additional information about all of UC’s plans.

### Location

Berkeley  
 San Francisco  
 UCSF Medical Center  
 Davis  
 UCD Medical Center  
 UCLA  
 UCLA Medical Center  
 Riverside  
 San Diego  
 UCSD Medical Center  
 Santa Cruz  
 Santa Barbara  
 Irvine  
 UCI Medical Center  
 UCOP  
 LBL  
 LLNL  
 LANL  
 ASUCLA  
 Hastings College of the Law

### Phone Number

510-642-7053  
 415-476-1400  
 415-353-4545  
 530-752-1774  
 916-734-8099  
 310-794-0830  
 310-794-0500  
 909-787-4766  
 858-534-2816  
 619-543-8244  
 831-459-2013  
 805-893-2489  
 949-824-5210  
 714-456-5736  
 510-987-0123  
 510-486-6403  
 925-422-9955  
 505-667-1806  
 310-825-7055  
 415-565-4703

The telephone numbers of the local Benefits Offices are also available on the UCbencom website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) under “How to Reach Us.”

## Employee Eligibility

The benefits for which you are eligible depend, in part, on your appointment level. 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 a member of a UC-sponsored retirement plan<sup>1</sup>.

There are two ways to qualify for UCRP membership:

- 1) You are appointed to work at least 50% time for a year or more<sup>2</sup>—or
- 2) You work 1,000 hours in a 12-month period.

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

#### Mid-level Benefits

You are eligible for Mid-level Benefits if:

- You are not a member of a UC-sponsored defined benefit retirement plan, **and**
- You are appointed to work 100% time for at least three months, **or**
- You are appointed to work at least 50% time for a year or more<sup>2</sup>.

As with Full Benefits, UC bases your ongoing eligibility for Mid-level Benefits on the number of regular hours you are paid by UC to work each week. (Paid time excludes stipends, bonuses, and overtime.)

#### Core Benefits

You are eligible for Core Benefits if:

- You are appointed to work at least 43.75% time.

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

### Continuing Requirements

To remain eligible for your benefit level, you must maintain an average regular paid time of at least 17.5 hours per week. Refer to page 18, “Reduced Average Regular Time,” for additional details.

<sup>1</sup> A UC-sponsored retirement plan means UCRP or another defined benefit plan to which UC contributes, such as CalPERS.

<sup>2</sup> or 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.

## Health and Welfare Benefit Packages

This chart shows three benefit packages and the benefit plans included in each.

	Full	Mid-level	Core
<b>Health Insurance</b>			
Medical	•	•	
	or	or	
Medical—Core	•	•	•
Dental	•		
Vision	•		
<b>Life and Accident Insurance</b>			
Basic Life	•		
Core Life		•	•
Supplemental Life	•	•	
Basic Dependent Life	•	•	
Expanded Dependent Life	•	•	
AD&D	•	•	•
Business Travel Accident	•	•	•
<b>Disability Insurance</b>			
Short-Term Disability	•		
Supplemental Disability	•		
Workers' Compensation	•	•	•
<b>Other Insurance</b>			
Legal Expense	•		
Automobile and Homeowner/Renter	•	•	
<b>Tax-Savings Programs</b>			
Tax Savings on Insurance Premiums (TIP)	•	•	•
Dependent Care Assistance Program (DepCare)	•	•	

## Exclusions for Preexisting Conditions

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

As for other UC insurance plans, the following applies:

- Basic and Core Life insurance: there are no exclusions for preexisting conditions.
- Supplemental and Dependent Life insurance: a statement of health is required to enroll for benefits outside of the PIE.
- Short-Term Disability insurance: there are no exclusions for preexisting conditions.
- Supplemental Disability insurance: a statement of health is required to enroll for benefits outside of the PIE. A statement of health is also required to reduce a previously selected waiting period. A preexisting exclusion does apply after 12 months of benefits for any long-term disability as described on page 38 of the 2001 Summary Plan Description.
- AD&D: there are no exclusions for preexisting conditions.

# Eligible Family Members

If you are eligible, you may enroll eligible family members in UC-sponsored plans as shown on pages 10 and 11.

## 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**
- an adult dependent relative **or**
- a same-sex domestic partner.

You may have only one type of adult family member enrolled at any one time. For example, if you cover an adult dependent relative under your dental and vision plans, you may not cover your spouse under your medical plan—or under any other UC-sponsored plan (such as AD&D or legal).

## Eligible Child

You may enroll eligible children in the allowable family member enrollment groups shown in the chart at right.

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

You may enroll your same-sex domestic partner's child or grandchild even if you do not enroll your partner; however, your partner must be eligible for UC-sponsored coverage.

## Family Member Groups

### If you enroll

#### Legal spouse

### You may enroll your

- natural child
- adopted child
- stepchild
- legal ward
- disabled child
- grandchild or step-grandchild

#### Adult dependent relative<sup>1</sup>

- natural child
- adopted child
- stepchild **or** same-sex domestic partner's child/grandchild
- legal ward
- disabled child
- grandchild or step-grandchild

#### Same-sex domestic partner

- natural child
- adopted child
- same-sex domestic partner's child/grandchild
- legal ward
- disabled child
- grandchild or step-grandchild

#### No adult

- natural child
- adopted child
- stepchild **or** same-sex domestic partner's child/grandchild
- legal ward
- disabled child
- grandchild or step-grandchild

<sup>1</sup> Adult dependent relatives may not be covered under Dependent Life, legal or AD&D plans.

UC and/or the insurance carrier reserves the right to request documentation to verify eligibility (marriage certificate, birth certificates, adoption records, tax records, etc.). Failure to submit these records upon request may result in your family members being deenrolled

from the UC-sponsored benefit plans. For more information about family member eligibility, see the *UC Group Insurance Eligibility Factsheet*, available from your Benefits Office or on the UC HR/Benefits website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)).

## Eligible Family Members

Family Member	Eligibility	Must be	May enroll in					
			Medical	Dental	Vision	Dependent Life <sup>2</sup>	AD&D	Legal Expense
<b>Legal spouse<sup>1</sup></b>	Eligible	—	•	•	•	•	•	•
<b>Adult dependent relative<sup>1</sup></b>	Age 18 or older	<ul style="list-style-type: none"> <li>related to you<sup>3</sup></li> <li>living with you</li> <li>claimed as your tax dependent</li> <li><b>not eligible for Medicare Part A</b></li> </ul>	•	•	•			
<b>Same-sex domestic partner<sup>1</sup></b>	Age 18 or older	<ul style="list-style-type: none"> <li>person of same sex as you</li> <li>not related to you<sup>3</sup></li> <li>able to enter into a contract</li> <li>unmarried (neither one of you is legally married)</li> <li>living with you for the past six months with intent to continue indefinitely</li> <li>your sole same-sex domestic partner in a relationship of mutual support, caring, and commitment</li> <li>sharing joint responsibility with you for common welfare</li> <li>financially interdependent with you</li> </ul>	•	•	•	•	•	•
<b>Natural or adopted child</b>	To age 23	<ul style="list-style-type: none"> <li>unmarried</li> </ul>	•	•	•	•	•	•
<b>Stepchild, grandchild, or step-grandchild</b>	To age 23	<ul style="list-style-type: none"> <li>unmarried</li> <li>living with you</li> <li>supported by you or your spouse (50%+)</li> <li>claimed as a tax dependent by you or your spouse</li> </ul>	•	•	•	•	•	•
<b>Same-sex domestic partner's child or grandchild</b>	To age 23	<ul style="list-style-type: none"> <li>unmarried</li> <li>living with you</li> <li>supported by you or your same-sex domestic partner (50%+)</li> <li>claimed as a tax dependent by you or your same-sex domestic partner</li> </ul>	•	•	•	•	•	•
<b>Legal ward enrolled before 1/1/95</b>	To age 18	<ul style="list-style-type: none"> <li>unmarried</li> <li>continuously covered</li> </ul>	•	•	•	•	•	•
<b>Legal ward enrolled 1/1/95 or after</b>	To age 18	<ul style="list-style-type: none"> <li>unmarried</li> <li>living with you</li> <li>supported by you (50%+)</li> <li>claimed as your tax dependent</li> </ul>	•	•	•	•	•	•
<b>Other child enrolled before 9/1/94</b>	To age 23	<ul style="list-style-type: none"> <li>unmarried</li> <li>living with you</li> <li>supported by you (50%+)</li> <li>claimed as your tax dependent</li> <li>continuously covered</li> </ul>	•	•	•			

## Eligible Family Members

Family Member	Eligibility	Must be	May enroll in					
			Medical	Dental	Vision	Dependent Life <sup>2</sup>	AD&D	Legal Expense
<b>Disabled child</b> (does not apply to legal ward)	Age 23 or older	<ul style="list-style-type: none"> <li>• unmarried</li> <li>• living with you (not required if child is your natural or adopted child)</li> <li>• supported by you (50%+)</li> <li>• claimed as your tax dependent</li> <li>• disability approved by carrier before age 23 and periodically thereafter</li> <li>• continuously covered</li> </ul>	•	•	•	•	•	•

<sup>1</sup> The surviving family member of a deceased member cannot enroll a spouse, adult dependent relative, or same-sex domestic partner (or their children/grandchildren).

<sup>2</sup> Child must be 24 hours old before coverage begins.

<sup>3</sup> "Related to you" refers to a family relationship legally acknowledged in the State of California. These relationships include: parents and children; ancestors and descendants of every degree (this means grandparents and grandchildren, great-grandparents and great-grandchildren, etc.); brothers and sisters; half-brothers and half-sisters; uncles and aunts; and nieces and nephews.

### No Duplicate Coverage

UC's rules do not allow duplicate coverage. You may be covered in UC-sponsored plans as an employee or annuitant, or as an eligible family member of a UC employee or annuitant. You may not be covered in more than one category. If you have coverage 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 or make sure the UC employee or annuitant who has been covering you deenrolls you from his or her UC-sponsored plans.

Dependents of UC employees may not be covered by more than one UC employee's plan coverage. For example, if two family members 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 repayment for any duplicate premium payments and for any plan benefits provided due to the duplicate enrollment.

### Ineligible Family Members

Certain family members are not eligible to participate in UC-sponsored plans.

Family members ineligible for coverage in medical, dental, and vision plans include but are not limited to: in-laws, cousins, legally separated spouses, opposite sex domestic partners, former spouses, and your children's and grandchildren's spouses.

Family members ineligible for coverage in all other UC-sponsored plans include in-laws, cousins, legally separated spouses, opposite sex domestic partners, former spouses, your children's and grandchildren's spouses, adult dependent relatives, parents, and grandparents.

### Deenrollment

**It is your responsibility to deenroll any family member who loses eligibility (see pages 18 and 19). UC and the plans reserve the right to collect repayment for any expenses incurred due to the ineligible enrollment.**

## Verification of Family Member Eligibility

UC and/or the insurance carriers reserve the right to request documentation (marriage certificate, birth certificates, adoption records, tax records, etc.) to verify eligibility for your enrolled family members.

### Affidavit

You must submit an *Affidavit of Same-sex Domestic Partnership or Adult Dependent Relative Relationship* (UBEN 155A) when you first enroll a same-sex domestic partner, your partner's child/grandchild, or an adult dependent relative. The UBEN 155A is available from the UCbencom website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) under "Online Forms."

Exception: If you cover a same-sex domestic partner and/or the partner's child/grandchild in the Dependent Life or AD&D plans, the affidavit will be required only if a claim for benefits is filed.

### Medicare Declaration

You are required to notify UC if you or another family member enrolled in a UC-sponsored medical plan enrolls in Medicare. This may be when you or your family member reaches age 65 or when you retire (whichever comes later). It may be earlier in cases of disability or certain illnesses.

Adult dependent relatives enrolled in or eligible for Medicare Part A are *not* eligible for coverage in UC-sponsored health plans. Adult dependent relatives reaching age 65 will be automatically disenrolled unless you submit documentation which proves they are ineligible for Medicare Part A.

To notify UC that you or another family member has enrolled in Medicare or that your adult dependent relative is not eligible for Medicare, contact your local Benefits Office. Telephone numbers are available on the UCbencom website or on page 6 of this booklet.

### Same-sex Domestic Partner Supporting Documentation

If you enroll a same-sex domestic partner and/or your partner's child or grandchild, the University reserves the right to request supporting documentation for your same-sex domestic partnership that includes copies of at least three of the following items attesting to financial interdependency:

- a) joint mortgage or joint tenancy on a residential lease
- b) joint bank account
- c) joint liabilities (for example, credit cards or car loans)
- d) joint ownership of significant property (for example, a car or house)
- e) durable property or health care powers of attorney
- f) wills, life insurance policies, or retirement annuities naming each other as primary beneficiary
- g) written agreements or contracts regarding the relationship (for example, state/municipality registration form of domestic partnership) or other documents showing mutual support obligations or joint ownership of assets acquired during the relationship
- h) State of California Declaration of Domestic Partnership

### Annual Tax Verification

To be eligible for UC-sponsored health plan coverage, certain family members must be your income tax dependent(s) according to the Internal Revenue Code (IRC).

To verify tax dependency, each year (generally in March or April) UC HR/Benefits will ask you to submit a copy of the appropriate income tax return. The information you send is kept in confidence.

**Important: Do not send any documentation with your benefits enrollment or change transactions!** Please wait until UC HR/Benefits asks for it.

Complete information about the verification process will be included with the request for documentation.

**It is important that you provide the requested information on time.** Family members for whom documentation is not received will be disenrolled and you may be liable for any costs incurred in connection with the invalid enrollment.

## When to Enroll

Generally you should enroll in UC-sponsored plans when you first become eligible. Most plans have an enrollment deadline (see "PIE," below).

- If you are eligible for the Full Benefits package but don't enroll, UC will automatically enroll you for single coverage in the Core medical plan, the Delta Dental plan, and the Vision Service Plan.
- If you are eligible for the Core Benefits package or the Mid-level Benefits package but don't enroll, UC will automatically enroll you for single coverage in the Core medical plan.

Your enrollment is automatic in some UC-sponsored plans.

- If eligible, you will be automatically enrolled in Basic Life (or Core Life, based on your appointment), Short-Term Disability, Workers' Compensation, and Business Travel Accident Insurance (as applicable).
- For other plans, enrollment is optional and you must enroll yourself and your eligible family members. In most cases, there is an enrollment deadline.

### Period of Initial Eligibility

A period of initial eligibility (PIE) is a time during which you or your eligible family members may enroll. 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 [bencom.fone](http://bencom.fone) or Internet transactions, it ends 31 days later. For paper form transactions, 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—for your Benefits or Accounting Office.

- If you are not enrolled in a UC-sponsored medical plan, and you have a newly eligible family member, you may be eligible to enroll yourself and your eligible family member(s).
- 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). During this PIE, you may also enroll in or increase your Supplemental Life insurance.
- 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 or your spouse 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.
- 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.

### 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 still enroll in UC-sponsored benefits as follows:

- You may enroll in medical coverage at any time by submitting an enrollment form to your Benefits Office. However, you will need to complete a waiting period of 90 consecutive calendar days from the

day you submit your form before your medical coverage is effective.

- You may enroll in a UC-sponsored medical plan during Open Enrollment (usually held in November).
- You may decline enrollment for yourself and/or your eligible family members because you have other medical insurance coverage.
- If you previously declined enrollment because you have other medical coverage and you subsequently lose that coverage involuntarily, you may be able to enroll yourself and/or your eligible family members in a UC-sponsored medical plan. You must request the enrollment within 31 days after the other coverage ends.
- If you move out of or return to an HMO service area, you and/or your eligible family members may be eligible for a new PIE for some medical plans.
- You may enroll in AD&D insurance at any time.
- After the PIE, you must submit a statement of health to enroll in or increase disability and life insurance. The insurance company may or may not accept your enrollment based on the statement of health. You may reduce or cancel your coverage at any time.

See your Benefits Representative for more information about situations that may result in a new PIE.

In addition, some plans allow you to enroll during Open Enrollment, usually held in November. (Note: the Legal Expense plan is not open for new members every year.)

As one means to help members when providers leave a California HMO during the plan year, members are able to transfer into and out of any UC-sponsored California HMO on a monthly basis, subject to processing deadlines.

### If You Are Already Covered

You may cancel (or opt out of) UC's automatic health coverage if:

- You are already enrolled in another group medical, dental, and/or vision plan that provides equal coverage; or
- Your religious beliefs would not permit you to use the UC-sponsored plan's services.

# How to Enroll

## Newly Hired Employees

UC provides two convenient, secure, and easy ways to enroll in UC-sponsored plans. You can enroll through the UCbencom website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) or, if you do not have access to the Internet, through UC's interactive bencom.fone telephone line (1-800-888-8267). Paper enrollment forms have been eliminated.

Whichever way you choose, you must first submit your signed *Personal Identification Number (PIN) Authorization* form (UPAY 874), which you should have received with your employment paperwork. You cannot enroll until this authorization has been processed by your local Payroll or Benefits Office. By using your PIN, you acknowledge that you have read and agree to the terms and conditions of UC coverage.

### Your UC PIN

#### Temporary UC PIN: 0000

You must select a permanent PIN before you enroll.

Whenever you call bencom.fone or access UCbencom for personal information or transactions, you will be asked to provide your UC PIN and your Social Security number.

Your temporary PIN is shown above. You will be prompted to customize this temporary PIN the first time you use it. When prompted, choose and confirm a new four-digit PIN. Once you've customized your PIN, you can exit or continue and access your data. The next time you use either bencom.fone or UCbencom for personal information or transactions, be sure to use your customized UC PIN.

To ensure that only you have access to your personal information, do not share your UC PIN with anyone. Your use of the UC PIN authorizes the University to provide the information or service you are requesting. All requests are subject to plan rules and regulations.

If you forget or lose your PIN, to arrange for a new one, you have the following options:

- Use the "UC for Yourself" online option (<https://ucfy.ucop.edu>);
- Call bencom.fone (1-800-888-8267); or
- Contact your local Benefits Office (see page 6 for phone numbers).

### How to Enroll Over the Internet

- Go to UCbencom at: [www.ucop.edu/bencom](http://www.ucop.edu/bencom)
- Select "Health & Insurance Enrollment" and follow the instructions.
- **Note: You will need your UC PIN and your Social Security number. See "Your UC PIN," left.** Be sure to complete all enrollments during your 31-day period of initial eligibility (PIE).

### How to Enroll by Phone

- Complete the *Health and Insurance Plans Enrollment Line Worksheet*, available from your Benefits Office and the UCbencom website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) under "Online Forms."
- Following the instructions on the worksheet, call bencom.fone at: 1-800-888-8267.
- **Note: You will need your UC PIN and your Social Security number.**

See "Your UC PIN," left. Be sure to complete all enrollments during your 31-day PIE.

## Currently Enrolled Employees

You can make certain changes to your UC-sponsored plans if you have an eligible family status change (for example, you marry, divorce, or add a child to your family), a change in UC employment status (for example, you change from working part time to full time), or during Open Enrollment.

Currently, you cannot use UCbencom or bencom.fone to make these types of changes. For forms and procedures, see the person in your department who handles benefits.

Remember that some changes must be made within your 31-day PIE that begins on the date of your family or employment status change.

Certain features of UCbencom and bencom.fone may not be available to employees at Los Alamos National Laboratory.

For additional assistance, contact the person in your department who handles benefits or your Benefits Office.

## When Coverage Begins

Coverage under UC-sponsored plans generally starts on the day you become eligible, provided you enroll during your period of initial eligibility (PIE). You must also enroll eligible family members before the PIE ends.

If you complete your enrollment transactions before you and/or your eligible family members are eligible, coverage starts on the day you and/or they become eligible.

Open Enrollment actions are effective on January 1 of the following year.

Some UC-sponsored plans also have other stipulations:

- For plans other than UC-sponsored medical plans, if you are on a leave without pay (for reasons unrelated to health) when you become eligible, coverage starts on your first day on pay status.
- If you are on leave for health reasons on the day you become eligible for coverage, coverage starts the day after your first full day at work for these plans:
  - Basic Life,
  - Supplemental Life,
  - Basic or Expanded Dependent Life,
  - AD&D,
  - Short-Term and Supplemental Disability, and
  - Legal Expense.

- If you enroll yourself and/or your eligible family members in a UC-sponsored medical plan outside of a PIE and complete a 90-day waiting period, coverage begins on the 91st consecutive day after the enrollment form is received by your local Payroll or Benefits Office.
- If a family member is hospitalized on the day Basic or Expanded Dependent Life, AD&D and/or Legal Expense coverage would normally begin, coverage starts the day after release from the hospital. (This does not apply to a newborn or adopted child.)

See the appropriate plan booklet for more details about when coverage begins.

### If You Need Services Right Away

Although you're covered immediately when you become eligible, it may take 30 to 60 days after you enroll for the insurance companies to have a record of your membership. Be sure to keep a copy of your enrollment confirmation and/or enrollment form for your records. Contact your local Benefits Office or the person in your department who handles benefits if you need to use one of your health and welfare plans and your insurance carrier does not have record of your enrollment.

### California HMO Medical Plan Transfers

If you transfer from one HMO plan to another, the effective date for your coverage under the new plan will generally be the first of the month after the form is processed at your UC location. Note that processing dates vary by location.

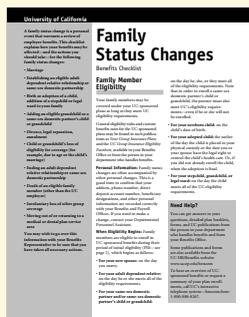
### Be Sure to Review Your Benefits Choices

UC makes every effort to ensure the accuracy of your enrollment transactions. However, you should review your payroll check stub or Surepay statement to be sure it reflects your benefits choices. **It is your responsibility to promptly notify your Benefits or Payroll Office of any errors, so that they can be corrected.**

# Life Events

Sometimes an event in your personal life may affect your UC employment and employee benefits.

When you have a newly-eligible family member (for example, if you get married or you give birth to or adopt a child), you may enroll him or her in UC-sponsored coverage. You must deenroll any family member who loses eligibility to participate in UC-sponsored plans. See the *Family Status Changes* benefits checklist for more information about enrolling and deenrolling family members.



If eligible, you may be granted a leave of absence for pregnancy, disability, medical conditions, family illness, military responsibilities, or personal reasons in accordance with the guidelines in UC personnel policies. See your Staff or Academic Human Resources Office for information about taking a leave of absence from UC employment.

## Childbirth

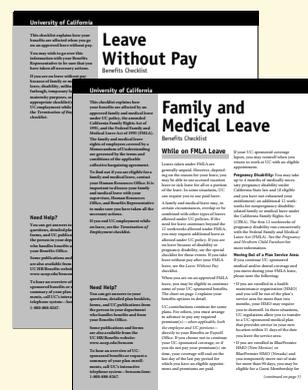
The only benefit income available during childbirth is provided by University Short-Term and Supplemental Disability plans. There is no separate maternity benefit. Please see the Disability Insurance section on page 39.

## Benefits Checklists

For information about how your benefits are affected by changes in your family's eligibility status or other life events, refer to the appropriate benefits checklist:

- *Leave Without Pay*
- *Paid Leave*

- *Sabbatical Leave*
- *Furlough*
- *Family and Medical Leave*
- *Disability (including Pregnancy)*
- *Military Leave*
- *Temporary Layoff*
- *Indefinite Layoff*
- *Termination of Employment*



Benefits checklists are available from your Benefits Office, the person in your department who handles benefits, or from the UC HR/Benefits website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) under "Life Events."

## When Coverage Ends

Coverage through UC-sponsored plans can end if certain employment actions occur. For example, if your average regular paid time is reduced below 17.5 hours a week, you leave UC employment, or you retire, your coverage ends. In addition, coverage for your family members ends when they lose eligibility to participate in UC-sponsored plans. See “When Family Members Lose Eligibility” on page 18.

### Reduced Average Regular Time

If your average regular paid time drops below 17.5 hours a week, you become ineligible for medical (including Core), dental, vision and Basic Life insurance as well as Short-term and Supplemental Disability coverage. You may still be eligible for Supplemental Life, AD&D, DepCare, Legal Expense and Auto and Homeowners/Renters coverage.

### Separating from UC Employment

When you separate from UC employment, generally your UC-sponsored benefits stop on the last day of the last period for which premiums are paid. If eligible, however, you may be able to continue some benefits for a limited time (see “COBRA/Continuation” on page 19) or convert group coverage to individual policies (see “Conversion Privileges” on page 19).

If you are eligible for MediCal and you have a high-cost medical condition, or if you are unable to work because of disability due to HIV/AIDS, you may be eligible for health insurance premium assistance through the California Department of Health Services.

For more details about your UC-sponsored benefits when UC employment ends, please see the *Continuation of Group Insurance Coverage* notice and these benefits checklists as appropriate: *Temporary Layoff*, *Indefinite Layoff*, or *Termination of Employment* (see “Benefits Checklists” on page 17).

### Lump Sum Cashout

If you have elected a lump sum cashout from the UCRP defined benefit plan, you are not eligible to continue UC-sponsored medical and dental coverage even if you receive an annuity from the University of California 415(m) Restoration Plan or other UC-sponsored retirement plans.

### When Family Members Lose Eligibility

**Whenever a family member loses eligibility to participate in UC-sponsored plans, it is your responsibility to reenroll that family member.** Contact your Benefits Office or the person in your department who handles benefits for assistance. Otherwise, you are liable for any excess UC costs and for any plan expenses incurred by the ineligible family member(s). Family members lose eligibility for the following reasons:

- **For your spouse**, eligibility stops on the last day of the month in which a divorce, legal separation, or annulment is final. You must also reenroll your spouse if you wish to enroll an eligible adult dependent relative.
- **For your child(ren) or grandchild(ren)**, eligibility stops at the end of the month in

which the child reaches age 23 (unless eligible to continue coverage because of disability) or age 18 for legal wards, or when the child marries or no longer meets all eligibility requirements to participate in UC-sponsored benefit plans. (See pages 10–11.)

- **For your adult dependent relative**, eligibility stops at the end of the month in which your family member no longer meets all eligibility requirements to participate in UC-sponsored plans or on the day your adult dependent relative becomes entitled to Medicare (the first day of the month in which he or she becomes age 65, or the first day of the prior month if the birthday is on the first of the month). (See pages 10–11.)
- **For your same-sex domestic partner and/or partner’s child or grandchild**, eligibility stops at the end of the month in which the same-sex domestic partnership ends or your family member no longer meets all eligibility requirements to participate in UC-sponsored plans.

You are also required to reenroll a deceased family member. You should contact your Benefits Office for assistance.

Deenrolling a family member who is no longer eligible to participate in UC-sponsored benefit plans does not in itself create a new period of initial eligibility (PIE). However, if accompanied by an involuntary loss of other group insurance coverage or by a move out of or a return to a plan service area, you or your family member may be eligible for a new PIE for some benefit plans.

If you reenroll an adult dependent relative or same-sex domestic partner, you must wait six months before you can enroll another eligible adult dependent relative or same-sex domestic partner. If the reenrollment is due to the death of the adult dependent relative or same-sex domestic partner this rule does not apply; however, all other eligibility rules still apply (see *Affidavit of Same-sex Domestic Partnership or Adult Dependent Relative Relationship* (UBEN 155A)).

All family members who remain eligible may stay enrolled in your UC-sponsored benefit plans.

## COBRA/Continuation

If you or any family member(s) lose eligibility for UC-sponsored medical, dental, and/or vision coverage, you may be able to continue group coverage through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended.

For more information about COBRA/continuation privileges, see the *Continuation of Group Insurance Coverage* notice, available on UCbencom, (select "Health and Welfare") or from your Benefits Office.

## 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 for these plans:

- Basic Life
- Supplemental Life
- Basic Dependent Life
- Expanded Dependent Life
- AD&D

For medical coverage, you have 31 days after your UC-sponsored or COBRA/continuation coverage ends to apply for conversion (if available).

Note that conversion options are generally more costly and may provide fewer benefits than UC-sponsored plans. See the appropriate plan booklet or call the insurance carrier directly for more information about conversion of a UC-sponsored plan to an individual policy.

## Certificate of Creditable Coverage

When you and/or your eligible family member end UC-sponsored medical coverage, you will receive a Certificate of Creditable Coverage from the medical plan as required by the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). Insurance carriers are required to issue the certificate to anyone who leaves their plan. In certain circumstances, an employer requires a certificate during a medical plan enrollment.

This certificate provides evidence of your previous medical plan coverage. It is not needed for enrolling in any UC-sponsored plan. However, if you want to enroll in a non-UC group medical plan or to buy a medical insurance policy, you may need to show this certificate to the new insurance carrier if the plan/policy would otherwise exclude coverage or impose a waiting period for certain pre-existing medical conditions. Contact your medical plan directly if you do not receive a certificate. If you transfer from one UC-sponsored plan to another and receive a certificate from your former plan, you can disregard it.

## When You Retire

When you retire, you may be eligible to continue your UC-sponsored

medical and dental coverage as an annuitant. You may also continue some other benefits if you make the arrangements and the applicable payments directly to the plans.

## Medical and Dental Plans

If you meet the eligibility requirements, you may continue your UC-sponsored medical and dental coverage when you retire. UC's employer contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether.

To qualify, you must:

- Be enrolled in UC-sponsored medical and/or dental coverage on the date you separate from UC,
- Have the required retirement plan service credit as listed in the "Annuitant Eligibility Requirements" (see page 20),
- Elect a retirement date within 120 calendar days of the date you separate from UC,
- Have continuous medical and/or dental coverage between the date you separate from UC and your retirement date, and
- Elect to continue medical and/or dental coverage at the time of retirement.

## Legal and Vision Plans

You may continue participation in the Legal Expense plan as long as your monthly retirement benefit covers your monthly cost. You may be eligible to continue vision coverage for a limited time though the COBRA/continuation options (see left).

## Benefit Plans You May Not Continue

For these benefits, your UC-sponsored coverage stops on your last day actively at work:

- Short-Term Disability

- Supplemental Disability
- Business Travel Accident Insurance
- Workers' Compensation

You may not continue or convert any of these benefit plans.

### Benefit Plans You May Continue

Benefits that you may continue on an individual basis include the following:

- Automobile Homeowner/Renter

You may continue Automobile Homeowner/Renter coverage by arranging to pay premiums directly to the insurance carrier.

- Accidental Death and Dismemberment

You and your spouse may continue coverage after retirement through the UC-sponsored Voluntary Group Accident Insurance Program. You may convert your eligible children's AD&D coverage to individual policies. Contact the insurance carrier directly for more information (see page 6).

### Benefit Plans You May Convert

- Basic Life
- Supplemental Life
- Basic or Expanded Dependent Life

You and/or your family members may be eligible to convert UC-sponsored life insurance coverage to individual policies (see "Conversion Privileges" on page 19). If not converted, coverage ends on the last day of the last period for which premiums are paid.

For more information about benefits after you retire, see the *Retirement Handbook*, which is available in your Benefits Office, from the person in your department who handles benefits, or through the UC HR/Benefits website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)).

## Annuitant Eligibility Requirements

**If you entered a UC-sponsored retirement plan\* before January 1, 1990**, and you have not had a break in service of more than 120 days, you will receive 100% of UC's maximum contribution toward the medical and dental plan premium. You are eligible if:

- You retire before age 55, and have at least 10 years of UC service credit (five years for Safety and UC-PERS members);
- You retire at age 55 or later and you have at least five years of UC service credit; or
- You are a UCRP disabled member or survivor.

**If you entered a UC-sponsored retirement plan\* on or after January 1, 1990**, or were rehired after that date following a break in service of more than 120 days, you will receive a percentage of UC's maximum contribution. The percentage corresponds to your years of UC service credit as shown below:

### Years of Member's UC Service Credit

Retirees	Survivors	Disabled Members	Percentage of UC Contribution
0-4	N/A	N/A	Not eligible
5-9	N/A	N/A	If age plus years of service credit equal at least 75, then 50%; otherwise not eligible
10	2-10	5-10	50%
11	11	11	55%
12	12	12	60%
13	13	13	65%
14	14	14	70%
15	15	15	75%
16	16	16	80%
17	17	17	85%
18	18	18	90%
19	19	19	95%
20+	20+	20+	100%

Employees who are not eligible to continue UC-sponsored coverage may be able to continue medical and dental coverage for a limited time under COBRA or other continuation option.

\* A UC-sponsored retirement plan means UCRP or another defined benefit plan to which UC contributes, such as CalPERS.

## Medical

Sound medical coverage is one of the most important benefits that UC offers you and your eligible family members. UC offers a wide range of medical plans so you can choose the coverage that best meets your needs.

Each major University location offers the following types of plans:

- A health maintenance organization (HMO) plan,
- A fee-for-service plan,
- A point-of-service (POS) plan.

Here's how these types of plans work.

### HMO Plans

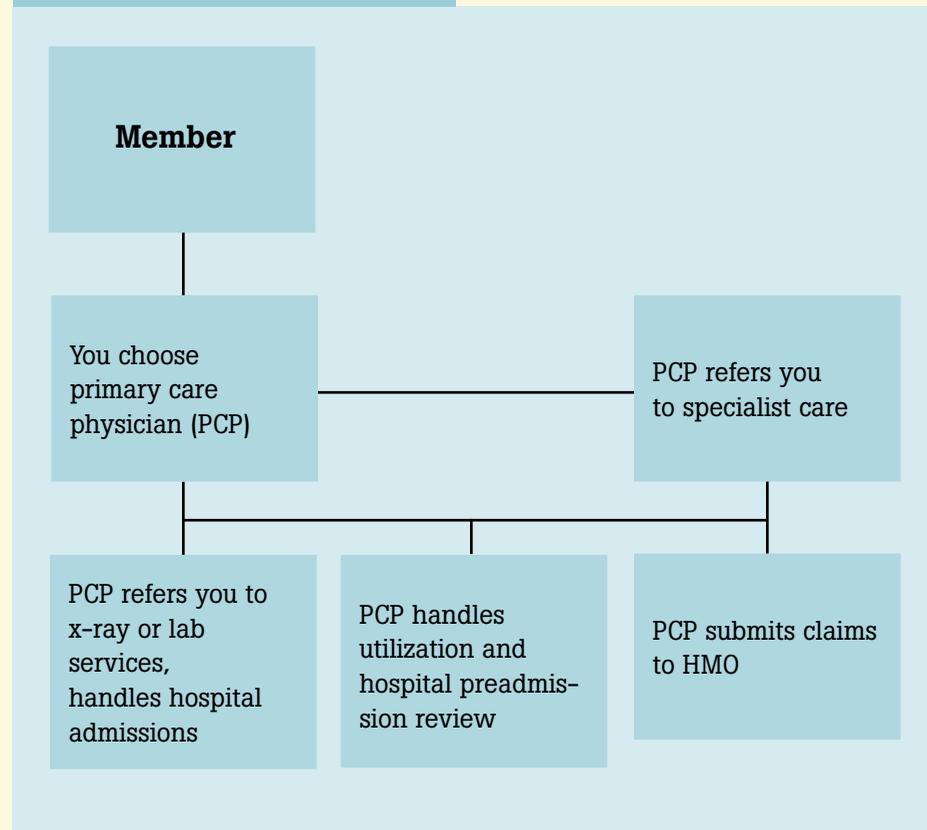
An HMO uses a group of doctors and other health care professionals who emphasize preventive care and early intervention. HMO services are prepaid—there is no annual deductible, and a set premium covers all services, no matter how much you use the plan. You do share costs, however, by paying a fee called a copayment for some products and services. Enrollment in some of the HMOs requires you to pay part of the monthly premium. Your monthly plan costs are shown on page 26.

To be eligible to enroll in an HMO, you must live (or work, depending upon the plan's rules) within the HMO's service area. Services may not be covered unless preauthorized by your primary care physician (PCP), and in some cases they must also be authorized by the medical group and/or the plan. For medical services to be covered, you must follow HMO procedures and (except in emergencies) you must use a network provider.

### Primary Care Physician (PCP)

HMO plans (other than Kaiser) and the UC Care plan require that all family members select a PCP when you enroll. You may select a different PCP for each family member or the same PCP for the entire family. If you are interested in receiving care from a particular doctor, you should find out if that doctor is in the plan's network. Refer to UCbencom ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) and select "Health Pages" for information about doctors. **Please note that physicians may not be accepting new patients or they may join or leave HMO plan networks throughout the year.**

### HMO Access to Care



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## Fee-for-Service Plan

In a **fee-for-service** plan, you choose your own doctors and health care facilities, submit claims for the services you receive, and share the cost of those services with the insurance company.

Your annual cost for medical coverage under a fee-for-service plan depends on several factors.

- Some of UC's plans require you to pay part of the monthly premium. Your monthly plan costs are shown on page 26.
- You must satisfy a calendar year deductible before the plan starts paying benefits. The deductible varies among plans.

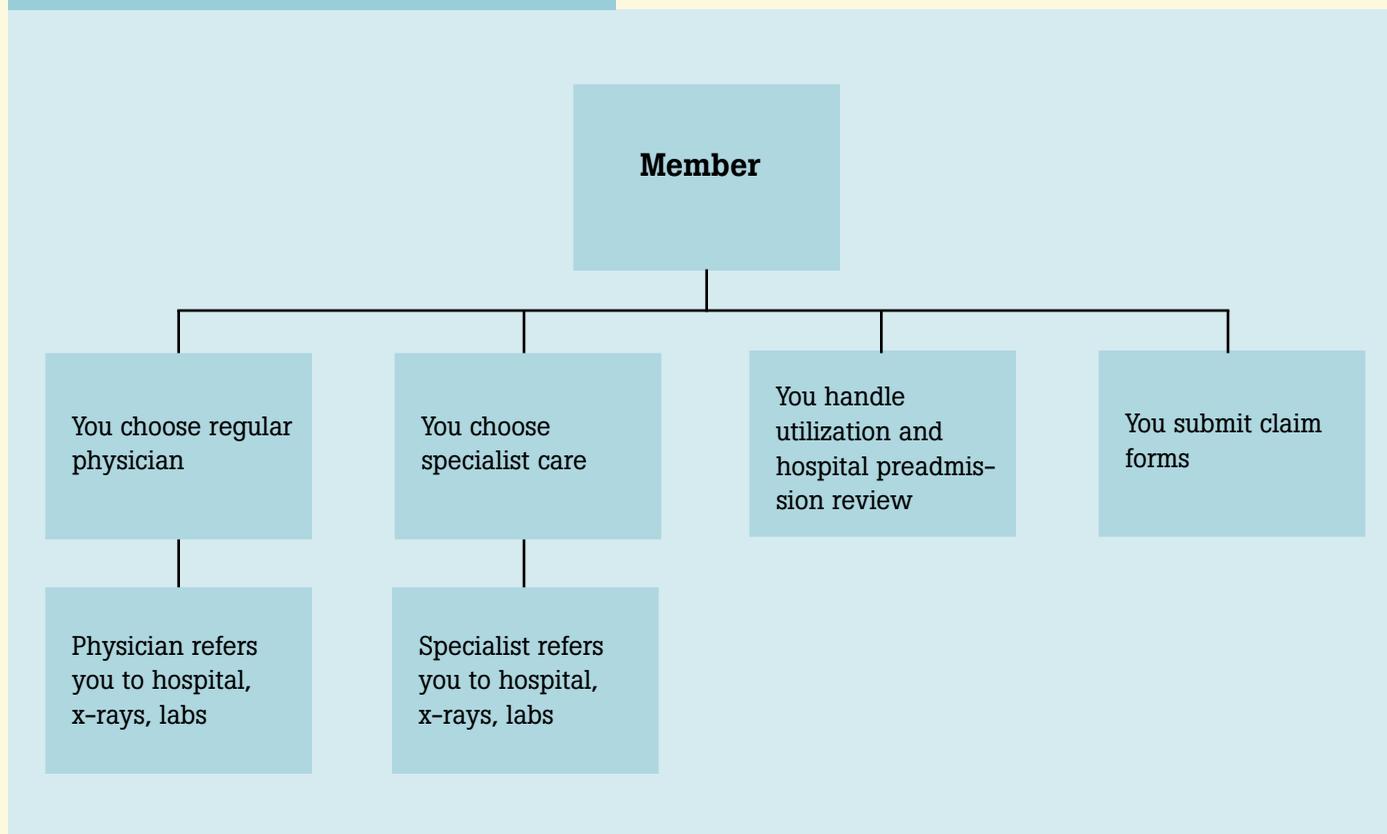
- Some fee-for-service plans contract with a Preferred Provider Organization (PPO). This is a network of doctors and hospitals who have agreed to provide medical services at discounted rates. Your out-of-pocket costs will be lower if you use PPO network providers.
- Once the plan starts paying benefits, you and the insurance company share the cost of the services you receive. Generally, the insurance company pays the larger part of the cost.

The amount you pay in a calendar year may be limited, however. Once your share of the eligible medical expenses reaches a certain amount, called the out-of-pocket maximum,

the plan pays 100% of most covered charges for you or your enrolled family members for the rest of the calendar year.

**Please note that physicians may join or leave the PPO network throughout the year and that such changes are not grounds for you to transfer to another medical plan midyear.**

### Fee-For-Service Access to Care



## Point-of-Service Plans

UC has two **point-of-service** (POS) plans: UC Care in California and the BluePremier POS Plan at Los Alamos National Laboratory (LANL). These plans provide tiers of medical coverage.

### Primary Care Physician (PCP)

Everyone enrolled in a UC-sponsored POS medical plan (unless enrolled in out-of-area or worldwide benefits) must select a PCP. You may choose a different PCP for each family member or the same PCP for all family members. If you or your eligible family members do not select a PCP, your medical plan will assign one.

PCPs generally refer patients to specialists or other medical providers within their own medical group. If you are interested in receiving care from a particular doctor, you should find out if that doctor is in the network. Refer to UCbencom ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) and select "Health Pages" or call the plan to determine if that doctor is in the Tier 1 network and also in the same medical group as your PCP. **Please note that physicians may join or leave plan networks or medical groups at any time and that such changes are not grounds for you to change medical plans midyear.**

### UC Care In-Area Benefits

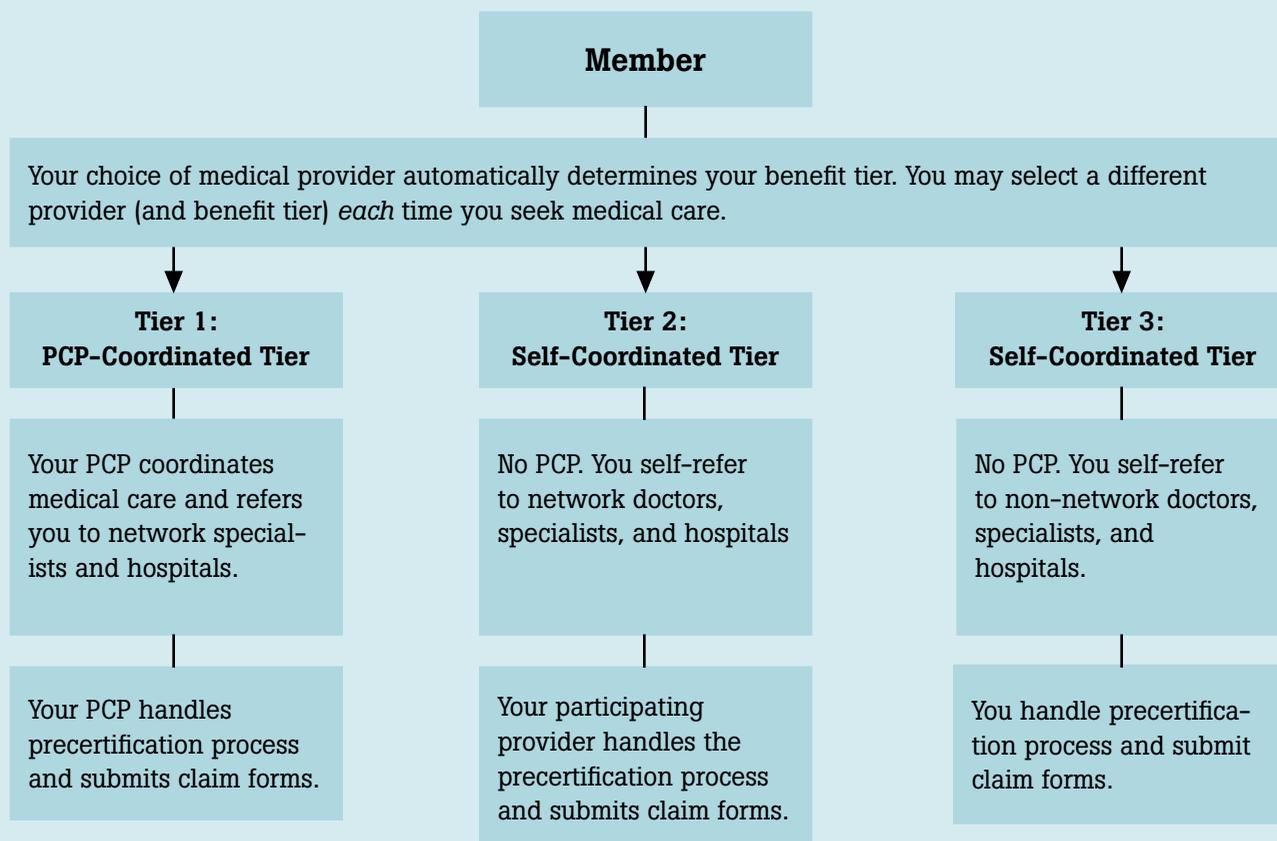
**Tier 1** is similar to an HMO. All of your medical care and specialist

referrals are coordinated by your PCP. There is no deductible; you are required to make copayments (\$20 for most covered services) at the time you receive services.

**Tier 2** You don't use your PCP; you self-refer to participating *network* providers. There is no deductible; you are required to make copayments (\$50 for most covered services) at the time you receive services. A \$500 copayment applies for most inpatient services.

**Tier 3** You do not use your PCP to coordinate your medical care; you self-refer to *non-network* providers. You are required to pay an annual deductible of \$500/person or \$1,500/family. After you meet the deductible, the plan generally pays 60% of usual and customary charges for most covered services and you pay the balance.

## UC Care Access to Care



If you permanently live in the California Tier 1 service area but have a child living outside of the California Tier 1 service area (a full-time student or a natural or adopted child living with a former spouse), you may request out-of-area benefits for that child on an individual basis.

If you permanently live in the California Tier 1 service area but have an enrolled family member living outside of the California Tier 1 service area, that family member may be able to receive Tier 1 benefits if an Aetna-affiliated provider network is available in the service area where he/she lives.

In addition, UC Care offers benefits for outpatient prescription drugs, behavioral health services,

chiropractic care, and acupuncture. Be sure you access these benefits correctly.

**Prescription Drugs and Behavioral Health—UC Care In-Area**

You get outpatient prescription drugs at network pharmacies by showing your UC Care ID card and paying a copayment when you pick up your medication. Outpatient prescription drugs are also available through mail order.

An insurance carrier specializing in behavioral health provides your mental health and substance abuse benefits. A separate substance abuse deductible applies.

See the UC Care plan booklet for details.

**UC Care Out-of-Area Benefits**

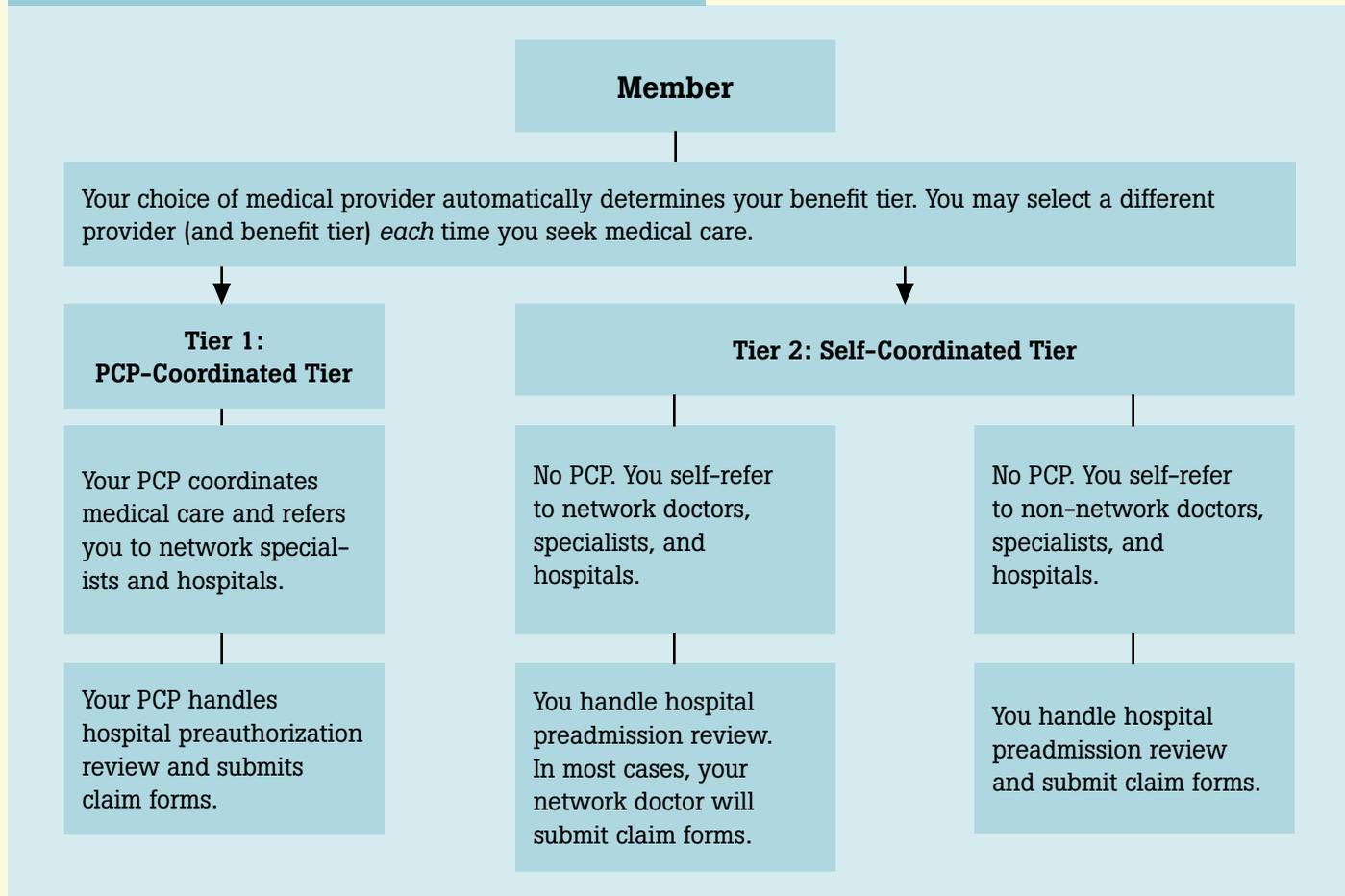
UC Care out-of-area benefits eligibility is based on your home ZIP code.

Faculty on sabbatical or participating in the Education Abroad Program, or staff on professional leave outside the Tier 1 service area, may also be eligible for out-of-area benefits.

You may use any medical provider for out-of-area benefits; however, you will not receive benefits through UC Care Tiers 1, 2, or 3. After a calendar year deductible of \$250 per person, or \$750 per family, the plan generally pays 90% of usual and customary charges for most services and you pay the balance.

Expenses incurred under Tier 3 and out-of-area benefits will apply toward any UC Care calendar year deductible.

**BluePremier POS Plan Access to Care**



**Prescription Drugs and Behavioral Health—UC Care Out-of-Area**

Outpatient prescription drug benefits are the same as for tiered coverage (see page 24).

An insurance carrier specializing in behavioral health provides your mental health and substance abuse benefits. A separate substance abuse deductible applies.

**BluePremier POS Plan In-Area Benefits**

**Tier 1** is similar to an HMO. All of your medical care and specialist referrals are coordinated by your PCP. There is no deductible; you are required to make copayments (\$20 for most services) at the time you receive services.

**Tier 2** is similar to a PPO plan. You do not use your PCP to coordinate your medical care. You may self-refer to a network or non-network provider. The plan generally pays 60% of most covered services. You are required to pay an annual deductible of \$500 per person/\$1,500 per family and the remaining 40% of the cost for services.

**BluePremier POS Plan Worldwide Benefits**

BluePremier POS Plan worldwide benefits eligibility is based on your home ZIP code. If you receive worldwide medical benefits, so will your eligible family members, no matter where they live.

If you have a child living outside of the BluePremier POS Tier 1 service area (a full-time student or a natural or adopted child living with a former spouse), you may request worldwide benefits for that child on an individual basis.

Faculty on sabbatical leave or participating in the Education Abroad Program, or staff on professional leave outside the BluePremier POS

Tier 1 service area, may also be eligible for worldwide benefits.

You may use any medical provider for worldwide benefits; however, you will not receive benefits through BluePremier POS Plan Tiers 1 or 2. After a calendar year deductible of \$250 per person, or \$750 per family, the plan generally pays 80% of covered charges for the rest of the calendar year.

Expenses incurred under Tier 2 and worldwide benefits will apply toward

any BluePremier POS plan calendar year deductible.

**Prescription Drugs and Behavioral Health**

Outpatient prescription drug benefits are the same as for tiered coverage. An insurance carrier specializing in behavioral health provides your mental health and substance abuse benefits. A separate substance abuse deductible applies.

See the BluePremier POS Plan booklet for more details.

**Your Medical Plan Choices**

For 2002, UC offers the following medical plans. You may select any medical plan that best meets your needs and for which you are eligible.

Type of Plan	Plans
Health Maintenance Organization (HMO) <sup>1</sup>	BluePremier HMO New Mexico Health Net of California Kaiser Permanente of California Kaiser Permanente Mid-Atlantic PacifiCare of California PacifiCare of Nevada Western Health Advantage
Fee-for-Service	Core High Option <sup>2</sup>
Point-of-Service	BluePremier POS Plan <sup>3</sup> UC Care <sup>4</sup>

<sup>1</sup> HMO plans are available to all employees who live or work in the HMO plan service area.

<sup>2</sup> High Option is closed to new enrollees.

<sup>3</sup> BluePremier POS is available to all employees from LANL.

<sup>4</sup> UC Care is available to all employees from California locations.

Please note that plan service areas are established by home (or work, depending on the plan) ZIP codes. If you have questions about whether your ZIP code is included in a plan’s service area, please check the HMO plan provider directory, call the plan directly (see page 32 for toll-free numbers), or see “Health Pages” on the UC HR/Benefits website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)).

For more details about these plans, see the *Medical Benefits Summary* spreadsheet available through UCbencom or from your Benefits Office.

## Cost of Coverage

Your medical plan monthly cost depends on the plan and the coverage you choose. The chart below shows the monthly amount that will automatically be deducted from your paycheck in 2002. The UC/employer contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether.

Under the Tax Savings on Insurance Premiums (TIP) program, UC automatically deducts from your pay, on a pretax basis, any monthly cost for your health premiums. In other words, TIP reduces your taxable earnings by your share of the premium—you do not pay federal, state, or FICA taxes on this amount. The pretax deductions from your

pay are not counted as wages for unemployment insurance and Social Security benefits.

TIP enrollment is automatic. If you wish, you may cancel TIP enrollment either during your period of initial eligibility (PIE; see page 13) or during Open Enrollment. Ask the appropriate person in your department or your Benefits Office for a cancellation form.

If you change or cancel your medical coverage during your PIE, during Open Enrollment, or when your family or employment status changes, the amount of your salary reduction under TIP automatically increases or decreases to reflect the change. If you change or cancel your medical premium deduction at any other time, you must pay your original premium amount under TIP until the plan year

ends. If you increase your monthly medical premium at any time (including the California HMO monthly transfer option), you will pay the extra premium on an after-tax basis through the end of the year.

See page 61 and the *TIP Summary Plan Description* for more information.

## Imputed Income

Under current Internal Revenue provisions, the value of employer-paid medical coverage for anyone who is not the employee's tax dependent is imputed income to the employee.

If you enroll your same-sex domestic partner, and/or your partner's child or grandchild who is not your tax dependent, you may have imputed income. For tax purposes only, the

## Employee Monthly Costs Effective January 1, 2002

Plan	Single	Two-Party	Family
BluePremier HMO New Mexico			
LANL employees	\$ 34.84	\$ 72.74	\$ 95.80
Non-LANL employees	63.84	134.74	173.80
BluePremier POS Plan <sup>1</sup>			
Living within the New Mexico HMO service area	125.40	262.93	340.34
Living outside the New Mexico HMO service area	41.10	85.89	112.71
Core (California and New Mexico)	0.00	0.00	0.00
Health Net of California	5.04	10.58	13.60
High Option (closed to new enrollees)	1,492.00	2,773.00	3,576.00
Kaiser Permanente of California	0.00	0.00	0.00
Kaiser Permanente Mid-Atlantic			
LANL employees	25.17	52.76	69.26
Non-LANL employees	54.17	114.76	147.26
PacifiCare of California	0.00	0.00	0.00
PacifiCare of Nevada			
LANL employees	74.77	156.92	203.18
Non-LANL employees	103.77	218.92	281.18
UC Care <sup>2</sup>	40.74	85.55	109.98
Western Health Advantage	0.00	0.00	0.00

<sup>1</sup> Available only to LANL employees.

<sup>2</sup> Available only to employees from California locations.

imputed income will be added to your gross income and reported on your annual Form W-2. Imputed income is subject to FICA (Social Security and Medicare), income taxes, and any other required payroll tax. These taxes will be withheld from your paycheck(s) each month.

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

For state income tax purposes only, you should not have imputed income if you and your partner are registered with the state of California.

In the fall of the year for which coverage applies, UC HR/Benefits will send you information about how to have the imputed income reversed at year's end. You will also need to verify tax dependency each year. See "Annual Tax Verification" on page 12.

For more information, see the *Imputed Income and Taxes Factsheet for Employees and Annuitants*.

## Frequently Asked Questions

You need to evaluate carefully your family circumstances and the plan costs before electing medical plan coverage. The chart on pages 28 through 31 contains commonly asked questions about access to care and costs for UC-sponsored medical

plans. If you have other questions, check the appropriate *Medical Benefits Summary* spreadsheet or call your Benefits Office.

The information below answers questions you may have prior to and after enrolling in your plans.

### General Information

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

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

#### My PIE is about to expire, and the medical plan I will enroll in requires a PCP but I have not selected one yet. May I enroll in a medical plan now and choose a PCP later?

Yes, you may. However, before enrolling, you should refer to UCbencom "Health Pages" (see page 1) or contact the plan directly to obtain information about the PCPs in your area. If you do not select a PCP, one will be assigned to you and your family members. You may then change your PCP directly through your plan at any time. (Exception: UC Care does not assign PCPs. Instead, the plan will send you a medical plan ID card indicating that a PCP has not been selected and that you should contact Member Services for assistance.)

#### I recently enrolled in a medical plan and I need to schedule an appointment and have a prescription filled, but my enrollment card has not arrived. How do I get help?

Generally, medical plan identification cards are sent to members within 14 days after the carrier receives the enrollment. If you have not received your medical plan card and you require medical services, see "If You Need Services Right Away" on page 16. Note: If you change plans during the annual

Open Enrollment period, the medical plan cards are usually sent at the end of December (for January 1 coverage).

#### Once I have enrolled in UC-sponsored coverage, how can I confirm coverage for me and my family?

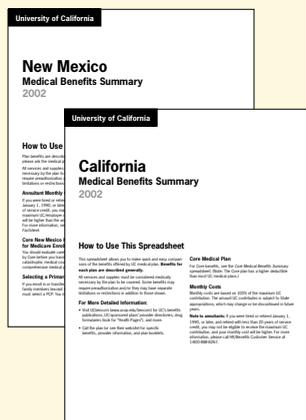
Approximately 10 days after you have completed your enrollments, you may access your UC-sponsored coverage through bencom.fone (1-800-888-8267) under the "Personal Information, New Hire Enrollment, and 403(b) Plan Loan" option, or through UCbencom ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) by selecting "Your Benefits Summary."

#### Once I am enrolled in UC-sponsored coverage, whom do I contact if I have questions about my benefits?

For information about services, benefits, bills, and/or claims, you should contact your medical plan directly using the phone number on your medical plan ID card. Delta Dental, VSP, AD&D and Dependent Life insurance plans do not issue ID cards. Phone numbers for all UC plans are listed on our website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) under "General Info."

#### If I previously worked at UC and I have returned to UC employment, will I have to reenroll in my UC-sponsored plans?

Yes. When you return to UC employment, you will not be reenrolled automatically in your previous UC-sponsored plan(s). The plans that you are eligible for may depend upon the length of your break in service. If you are eligible and do not enroll, you will be defaulted into single-party coverage under Core medical, Delta Dental coverage and the vision plan. If you do not enroll your eligible family members during your period of initial eligibility (PIE), you may only enroll them at specific times (see "When to Enroll" on page 13).



## Frequently Asked Questions

### HMO Plans

(BluePremier HMO New Mexico, Health Net of California, Kaiser Permanente of California, Kaiser Permanente Mid-Atlantic, PacifiCare of California, PacifiCare of Nevada, Western Health Advantage)

### Fee-for-Service Plans (Core, High Option)

#### Access to Care

##### How do I get care from a doctor?

Make an appointment with your primary care physician (PCP) or the appropriate Kaiser facility.

Make an appointment with the doctor of your choice. For High Option, your benefit will be paid at a higher level if you select a network provider.

##### How do I get care from a specialist?

Your PCP or regular Kaiser physician will refer you to a specialist whenever one is required. In some cases, you may self-refer to some specialists.

Your regular doctor may refer you or you may self-refer to a specialist.

##### How do I get care from a hospital?

Your PCP, regular Kaiser physician, or specialist will refer you to a network hospital whenever you need care.

Your regular doctor or specialist may refer you to the hospital whenever you need care. Preadmission review by the plan is required.

##### What do I do in case of an emergency?

Call your PCP or the nearest Kaiser facility and follow their instructions. In an emergency, or if you are outside of the HMO service area, get necessary medical assistance. You must notify your PCP or Kaiser within 24 hours; for BluePremier HMO, notify your plan within 48 hours.

Get necessary medical assistance. For High Option, your benefit will be paid at a higher level if you select network providers. If you are hospitalized, notify the plan within one working day.

##### What will happen if I do not use a network physician or facility?

Except for serious medical or life threatening emergencies, you must use a facility in your HMO's network or Kaiser facility in order to receive benefits.

Coverage is worldwide. For High Option, your benefit will be paid at a higher level if you select network providers.

##### How do I obtain medication?

Medical prescriptions are available only at network or Kaiser pharmacies, with a copayment. Maintenance medication may be purchased through mail order or local pharmacies, depending on the HMO.

Medical prescriptions are filled at local pharmacies. You must pay for the prescription and submit a claim for reimbursement.

Point-of-Service Plan		
BluePremier POS Plan Tier 1	BluePremier POS Plan Tier 2	
UC Care Tier 1	UC Care Tier 2	UC Care Tier 3
<b>You use your PCP for all medical care and specialist referral.</b>	<b>You do not use your PCP, but self-refer to network physicians.</b>	<b>You do not use your PCP, but self-refer to non-network physicians.</b>
Make an appointment with your primary care physician (PCP).	Make an appointment with the network physician of your choice.	Make an appointment with the non-network physician of your choice.
Your PCP will refer you to a specialist whenever one is required. (Women may self-refer to an OB/GYN.)	Your network physician may refer you or you may self-refer to a network specialist.	Your non-network physician may refer you or you may self-refer to a non-network specialist.
Your PCP or specialist will refer you to a network hospital whenever you need care.	Your network physician will refer you to a network hospital whenever you need care. Preadmission review by the plan is required.	Your non-network physician will refer you to a hospital whenever you need care. Preadmission review by the plan is required.
Call your PCP and follow instructions. In an emergency, or if you are outside of the plan service area, get necessary medical assistance. You must notify your PCP within 48 hours.	Get necessary medical assistance. If you are hospitalized, notify the plan within one working day.	Get necessary medical assistance. If you are hospitalized, notify the plan within one working day.
Except for serious medical or life threatening emergencies, you must use your PCP for medical care and specialist referrals to receive Tier 1 benefits.	You must use network providers to receive network benefits.	You may use non-network providers at any time to receive benefits.
<b>UC Care and BluePremier POS Plan:</b> To access prescription drug benefits, use your medical plan ID card (at a network pharmacy) or use the plan's mail order services program. For details, see the <i>Medical Benefits Summary</i> spreadsheet for your location.		

## Frequently Asked Questions

### HMO Plans

(BluePremier HMO New Mexico, Health Net of California, Kaiser Permanente of California, Kaiser Permanente Mid-Atlantic, PacifiCare of California, PacifiCare of Nevada, Western Health Advantage)

### Fee-for-Service Plans

(Core, High Option)

### Cost of Care

**What is my monthly cost for this medical plan?**

Some HMO plans have a small employee monthly cost and some are fully paid by the University (see page 26).

There is no monthly cost for Core in 2002. The High Option plan has a significant employee monthly cost (see page 26).

**Do I have an annual deductible?**

No.

Yes. You must satisfy the calendar year deductible before you receive benefits.

**Do I pay a copayment (fixed dollar amount) per visit or service, or a coinsurance (percentage of the fee) amount?**

A copayment is set for most visits and services (e.g., physician's office, emergency, and hospital visits).

After you satisfy a calendar year deductible, this plan pays a percentage of your medical bills. For High Option, the percentage paid is higher if you use network providers. You must pay the coinsurance.

**Is there a maximum lifetime benefit?**

No.

Yes. Plan maximum is \$2,000,000 per person.

**Do I need to file a claim?**

No, except for out-of-area emergencies or urgent care services.

Yes, in most cases.

### Special Conditions

If you are going on sabbatical leave, have questions about coverage for children attending school away from home, have an extended or separated family, or have other special circumstances, contact your Benefits Office to discuss your medical plan alternatives.

Point-of-Service Plan		
BluePremier POS Plan Tier 1	BluePremier POS Plan Tier 2	
UC Care Tier 1	UC Care Tier 2	UC Care Tier 3
<b>You use your PCP for all medical care and specialist referral.</b>	<b>You do not use your PCP, but self-refer to network physicians.</b>	<b>You do not use your PCP, but self-refer to non-network physicians.</b>

The monthly employee cost for the BluePremier POS Plan is based on whether or not you live within the New Mexico HMO service area. The monthly cost is the same, regardless of which coverage tier, or combination of coverage tiers, you use.

No. There is no annual deductible if you use your PCP and follow Tier 1 procedures.	BluePremier Tier 2: Yes. You must satisfy the calendar year deductible before you receive benefits. <sup>1</sup>  UC Care: No. There is no annual deductible for Tier 2.	Yes. You must satisfy the calendar year deductible before you receive benefits. <sup>1</sup>
A copayment is set for most visits and services (e.g. physician’s office visits and emergencies).	BluePremier POS Tier 2: After you satisfy a calendar year deductible, the plan pays a percentage of your medical bills for the rest of the calendar year. You must pay the coinsurance.  UC Care: A \$50 copayment applies to most doctors’ office visits. A \$500 copayment applies to most inpatient services.	After you satisfy a calendar year deductible, the plan pays a percentage of your medical bills for the rest of the calendar year. You must pay the coinsurance.
No.	Yes. Plan maximum is \$2,000,000 per person.	
No. Tier 1 providers will process medical claims on your behalf.	Generally, most network providers will assist you with your claim forms.	Yes, in most cases.

**Special Conditions**

If you live outside of the UC Care Tier 1 service area, you are eligible to receive out-of-area benefits. If you live outside of the BluePremier POS Plan Tier 1 service area, you are eligible to receive worldwide benefits. See the appropriate *Medical Benefits Summary* spreadsheet for more details.

If you are going on sabbatical leave, have questions about coverage for children attending school away from home, have an extended or separated family, or have other special circumstances, contact your Benefits Office to discuss your medical plan alternatives.

<sup>1</sup> Expenses incurred under UC Care Tier 3 and out-of-area benefits will apply toward any UC Care calendar year deductible. Expenses incurred under the BluePremier POS Plan Tier 1 and worldwide benefits will apply toward any BluePremier POS Plan calendar year deductible.

## For More Information

This is only an overview of your medical benefits. If you need more information about a particular UC-sponsored medical plan, such as coverage for a specific condition, service areas, or provider information, please refer to UCbencom for a link to the plan (see page 1) or contact the plan directly using the toll-free telephone numbers at right.

### Medical Plans

BluePremier HMO New Mexico	1-800-711-3795
BluePremier POS Plan	1-800-711-3795
PacifiCare Behavioral Health, Inc.	1-800-817-8811
Core	1-800-632-0524
Health Net of California	1-800-522-0088
Managed Health Network	1-888-935-5966
High Option	1-800-632-0524
Kaiser Permanente of California	1-800-464-4000
Kaiser Permanente Mid-Atlantic	1-800-777-7902
PacifiCare of California	1-800-624-8822
PacifiCare Behavioral Health, Inc.	1-800-999-9585
PacifiCare of Nevada	1-800-347-8600
UC Care	1-800-313-3804
United Behavioral Health	1-888-440-8225
Western Health Advantage	1-888-563-2250
Magellan Behavioral Health	1-800-424-1778

### Toll-free Number

### Special Numbers for Hearing Impaired

Health Net of California	1-800-929-9955
PacifiCare of California	1-800-735-2922
PacifiCare of Nevada	1-800-367-8939
UC Care	1-800-628-3323
Western Health Advantage	1-888-877-5378

# Dental

Proper dental care plays an important role in your overall good health. That's why UC provides dental coverage for you and your eligible family members including a wide range of dental services, from routine preventive care to oral surgery, dentures, bridges, and braces. The dental plans do not have any exclusions for preexisting conditions.

Here is an overview of your dental plan choices.

The **Delta Dental Plan** provides worldwide coverage from any dentist you choose.

Most California and New Mexico dentists belong to Delta. If you choose a Delta provider, the plan pays for services as described on pages 34 and 35. Almost all preventive dentistry is covered in full. For other services, you pay a \$50 annual deductible per person and a coinsurance of 25% to 50% of the charges. Delta dentists file claims for you.

If you prefer to see a non-Delta dentist, you pay the dentist directly, then file claims with Delta. However, you maximize your benefits if you choose a Delta dentist. You can ask your dentist to submit a predetermination request prior to treatment to find out if the procedure is covered and the amount Delta will pay.

Delta will pay a maximum of \$1,500 per person in a calendar year, regardless of the dentist you use. A separate limit applies to benefits for temporomandibular joint (TMJ)

dysfunction (page 34) and orthodontics (page 35). Delta members are reminded the plan covers two teeth cleanings per year, but only one routine exam per member per calendar year. X-ray coverage is limited to one full set every five calendar years. Bitewing x-rays are available more frequently as prescribed by your dentist. **For any claim you anticipate will be over \$400, you should ask for a predetermination of costs to be sure of Delta's coverage level.**

The **PMI Dental Health Plan** is another option for California residents only. Dental services are covered only when you visit a PMI dentist. See pages 34 and 35 for benefits. The plan emphasizes preventive care—many services cost nothing, while copayments apply to others. There are no deductibles or annual maximums, and you don't file claims.

When you enroll, PMI will assign you to a participating dentist near your home. To change this initial assignment, simply call or write to PMI. Later on, you may change your dentist by calling or writing to PMI and explaining why you want to change. Please note that your dentist may join or leave the PMI network throughout the year, and that such changes are not grounds for you to transfer to the Delta Dental Plan midyear.

PMI members are reminded that the plan covers up to two teeth cleanings in a 12-month period. Routine exams are fully covered, and x-ray coverage is limited to one full set per 12-month period. A series of four bitewings are covered in a six-month period.

## Cost of Coverage

In 2002, UC pays the monthly cost of your coverage. The UC/employer contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether.

You do pay a certain percentage or copayment for some services. See the chart on pages 34 and 35 for details.

## Imputed Income

Under current Internal Revenue provisions, the value of employer-paid dental coverage for anyone who is not the employee's tax dependent is imputed income to the employee.

If you enroll your same-sex domestic partner, and/or your partner's child or grandchild who is not your tax dependent, you may have imputed income. For tax purposes only, the imputed income will be added to your gross income and reported on your annual Form W-2. Imputed income is subject to FICA (Social Security and Medicare), income taxes, and any other required payroll tax. These taxes will be withheld from your paycheck(s) each month.

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

For state income tax purposes only, you should not have imputed income if you and your partner are registered with the state of California.

In the fall of the year for which coverage applies, UC HR/Benefits will send you information about how to have the imputed income reversed at year's end. You will also need to verify tax dependency each year. See "Annual Tax Verification" on page 12.

See the *Imputed Income and Taxes Factsheet for Employees and Annuitants* for more information.

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January through December 2002	Delta Dental Plan	PMI Dental Plan*
<b>NETWORK/SERVICE AREA</b>	Any dentist/Worldwide	PMI dentists/California only
<b>PREVENTIVE DENTISTRY</b>	No deductible	Copayments apply as noted
Cleaning of teeth	100% of UCR (up to 2 times per calendar year; additional cleanings by report)	No charge (up to 2 times in any 12-month period)
Oral examinations	100% of UCR (1 routine and 2 non-routine exams per calendar year)	No charge
Emergency office visit for pain relief	100% of UCR	No charge
Topical fluoride treatment	100% of UCR (includes cleaning; up to 2 times per calendar year through age 13)	No charge (up to 2 times in any 12-month period through age 18)
Space maintainers	100% of UCR (through age 12)	No charge
X-rays	100% of UCR (1 set in 5 years; bitewings when prescribed)	No charge (1 set in any 12-month period; 4 bitewings in any 6-month period)
Pit and fissure sealants (under age 16 only)	75% of UCR for first permanent molars through age 9 and second permanent molars through age 15	No charge for first permanent molars through age 9 and second permanent molars through age 15
<b>BASIC DENTISTRY</b>	Deductible applies	Copayments apply as noted
Fillings	75% of UCR	No charge
Anesthesia	75% of UCR (general anesthesia for covered oral surgery)	Local—no charge. General—no charge if medically necessary for extraction; otherwise not covered
Prosthetic appliance repair	75% of UCR	No charge
Extractions	75% of UCR	No charge if uncomplicated (not covered if done only for orthodontics)
Crowns	50% of UCR	\$50 per unit copayment (extra charge for precious metals)
Oral surgery	75% of UCR	\$15 copayment for impactions; other covered services at no charge
Endodontics	75% of UCR	\$20 copayment for each canal; other covered services at no charge
Periodontics	75% of UCR	\$100 copayment per quadrant for surgery (mucogingival and osseous gingival); \$150 copayment for soft tissue graft procedures; other covered services at no charge
Inlays/Onlays	50% of UCR	Recementation—no charge
Denture relining	75% of UCR	No charge (limited to 1 in any 12-month period)
Temporomandibular joint (TMJ) dysfunction: occlusal devices/occlusal guards (night guards)	50% up to \$500 for all benefits in a lifetime (not applied to calendar year maximum)	No charge

After an annual deductible of \$50 per person (combined for both basic and prosthetic dentistry)

January through December 2002	Delta Dental Plan	PMI Dental Plan*
<b>PROSTHETIC DENTISTRY</b>	Deductible applies	Copayments apply as noted
Standard, full, or partial dentures	50% of UCR	Upper—\$65 copayment per denture Lower—\$65 copayment per denture (extra charge for precious metals)
Bridges	50% of UCR	\$50 per unit copayment (extra charge for precious metals)
Denture rebase	50% of UCR	\$20 copayment
<b>TOTAL BENEFIT FOR PREVENTIVE, BASIC, AND PROSTHETIC DENTISTRY</b>	\$1,500 per calendar year per person	No maximum
<b>ORTHODONTICS</b>	No deductible	Copayments apply as noted
Who is eligible for service	All covered family members	All covered family members
Benefit	50% of UCR up to \$1,500 in a lifetime for those under age 23; up to \$500 in a lifetime for adults age 23 or older (not applied to calendar year maximum)	\$1,000 copayment (plan covers 36 months of usual and customary treatment—an office visit fee of \$75 applies for orthodontics treatment and retention after 36 months)
<b>SPECIAL PROVISIONS, LIMITATIONS, EXCLUSIONS</b>		
Work in progress when you join	Only services that you receive on or after your effective date of coverage are covered.	Only services received from a PMI provider on or after your effective date of coverage are covered.
Predetermination of benefits	If services will be \$400 or more, your dentist files a treatment plan first; Delta reviews it and notifies you and your dentist of the benefits payable.	Before any work is done, ask your PMI dentist what the charges will be. If you have any questions, call PMI.
Alternate treatment provision	If more than one professionally acceptable and appropriate treatment can be used, Delta benefits will be based on the least expensive method.	If you select a treatment plan different from that customarily provided by PMI, you will pay the applicable copayment, plus the additional cost of the alternate treatment.
Replacement of crowns, dentures, partial dentures, and bridges	Not covered if crown or prosthetic appliance is less than 5 years old.	Not covered if crown or prosthetic appliance is less than 3 years old.
Out-of-area emergencies	Coverage applies worldwide.	Plan pays up to \$100 in any 12 month period for pain relief when you are more than 25 miles from your dentist's office.

\* Binding arbitration: When you enroll in PMI, you agree to settle any dispute, grievance, or controversy involving the plan by neutral arbitration.

## Definitions

**Any 12-month period:** Represents 12 continuous months of coverage. This is not necessarily a calendar year.

**By report:** The dentist submits relevant information to the Delta Dental Plan. If Delta determines an additional cleaning is necessary, they will cover it.

**Copayment:** A fee you pay for a service.

**Deductible:** An annual amount you must pay for some services before the plan starts paying benefits for those or other services.

**Endodontics:** Treatment involving tooth pulp (root canals, for example).

**Extractions:** Removal of teeth.

**Non-routine exam:** An exam for an emergency (for example, an injury or infection) or an exam for a specific dental problem (for example, a toothache or an exam to evaluate the need for oral surgery).

**Orthodontics:** Treatment to correct position or alignment of teeth (braces, for example).

**Periodontics:** Treatment for diseases of mouth and gum tissue.

**Prosthetics:** Replacements for teeth (dentures or bridges, for example).

**Routine exam:** An initial exam with a new dentist or a periodic exam with your existing dentist intended to generally assess your dental health.

**UCR** (usual, customary, and reasonable): Fees filed with Delta by participating dentists that Delta has determined are customary for the practice area of the participating dentist.

## Outline of Benefits and Services

The chart of dental benefits on pages 34 and 35 is only a brief outline of your dental benefits. Please remember that if you need major dental work (for example, a crown, dentures, a bridge, or oral surgery), you should read carefully the complete explanation of benefits, limitations, and exclusions in your Delta Dental or PMI booklet. Whenever you have a question about whether a dental procedure will be covered, you and/or your dentist should contact your dental plan *before* you begin treatment.

## For More Information

This is only an overview of your dental benefits. For full details, see your Benefits Office or the appropriate person in your department for the Delta Dental and PMI brochures.

For more information about the Delta Dental Plan, call 1-800-777-5854 (California) or 1-800-999-0963 (New Mexico). To find a Delta dentist, you can access Delta's website through the HR/Benefits website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) by selecting "General Info" and "Health and Welfare," and scrolling down to the Delta Dentist Directory website.

For more information about the PMI plan, call 1-800-422-4234 or 1-562-924-8311.

Once you enroll in a plan, the insurance carrier will send you more information.

# Vision

Regular eye exams and good vision are important to everyone. To enable you and your family to get the care you need, UC provides a comprehensive vision plan. Vision Service Plan (VSP)—a preferred-provider organization with over 4,000 members in California and over 22,000 nationwide—offers the benefits described here. The vision plan does not have any exclusions for preexisting conditions.

## What the Plan Covers

The plan’s benefits include:

- **One vision examination per calendar year**  
The plan covers testing and analysis of eye health, as well as any necessary prescriptions for lenses.
- **One set of corrective lenses per calendar year**  
The plan covers single vision, bifocal, trifocal, or other complex glass or plastic lenses. Photochromatic lenses and tints are also covered. Beginning in 2002, VSP covers the full cost of polycarbonate lenses when the member uses a VSP provider. For those members using a non-VSP provider, a single \$5 reimbursement is available for tints and polycarbonate options, if elected.
- **One set of frames every other calendar year**  
Many frames provided by VSP doctors are fully covered.

- **One set of contact lenses per calendar year**  
Contact lenses are fully covered if they are considered medically necessary and a VSP provider is used. Generally, they are covered for those who have had cataract surgery, have extreme acuity problems that cannot be corrected with glasses, or have some conditions of anisometropia or keratoconus.

Cosmetic contact lenses are provided once per calendar year; however, benefits are limited to \$110. The \$110 allowance applies to costs for the standard eye examination, contact lens evaluation, fitting costs, adjustments, and materials.

Cosmetic or medically necessary contact lenses are provided instead of any other benefits. (In other words, if you get contact lenses, you cannot receive regular lenses until the following calendar year or frames until the second calendar year.)

VSP offers discounted laser corrective vision surgery through VSP-contracted laser centers. Call VSP for more information.

## Cost of Coverage

In 2002, UC pays the entire cost of your coverage. This arrangement is subject to the State of California appropriation, which may change or be discontinued in future years.

You do have to pay deductibles—\$10 for a vision exam and, if you need glasses, \$25 for materials. There is no deductible for contact lenses. You also pay for additional care, services, or products not covered by VSP.

## Imputed Income

For vision coverage, UC pays the same amount for single, two-party, and family coverage. Therefore, if you enroll a same-sex domestic partner and/or a same-sex domestic partner’s child or grandchild, you will not have imputed income for vision coverage.

## How to Use the Plan

Once you enroll, VSP will send you a brochure explaining how the plan works. In general, you follow these simple procedures:

- Call the VSP doctor and make an appointment,
- Identify yourself as a VSP member covered under the UC vision plan, and
- Give the VSP doctor your (the UC employee) Social Security number.

The VSP doctor will obtain the necessary authorization and information about your eligibility and coverage directly from VSP.

By using a VSP provider, you pay only the required deductibles for covered services and costs for items and services not covered. In addition, the following discounts—for services not covered by the plan—are available within 12 months following the last covered eye examination from the VSP doctor who provided the examination.

- 20% discount for additional pairs of prescription glasses; and
- 15% discount for contact lens professional services (for example, fittings or adjustments).

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You can also use a non-VSP provider. If you do, you should pay the full amount of the provider's bill and submit a claim to VSP. You do not need to use a claim form (although your provider may give you a generic form). Simply submit a copy of the itemized bill that shows the amount of the eye examination, lens(es), and/or frames.

To ensure prompt reimbursement, be sure to provide the following information:

- Your (the UC employee) name and mailing address;
- Your identification number (usually your Social Security number);
- Your UC location and group number; and
- Patient's name, date of birth, and relation to you (the plan member).

**VSP will reimburse you up to these limits:**

• Routine eye exam	\$ 40.00
• Lenses	
Pair of single vision	\$ 40.00
One single vision	\$ 20.00
Pair of bifocals	\$ 60.00
One bifocal	\$ 30.00
Pair of trifocals	\$ 80.00
One trifocal	\$ 40.00
Pair of lenticulars	\$125.00
One lenticular	\$ 62.50
Medically necessary contacts*	\$250.00
Cosmetic contacts*	\$ 110.00
• Tints	\$ 5.00
• Frames	\$ 45.00

\* Provided instead of any other benefits. This is the combined maximum reimbursement for both the contact lenses and related eye exams.

**What the Plan Doesn't Cover**

**You pay the additional costs required for these lens options:**

- Blended
- Oversize
- Progressive multifocal
- Coated
- Laminated
- Cosmetic lenses
- Cosmetic processes

You also pay the additional cost of frames that cost more than the plan allows. There are also certain limitations on low vision care for severe visual problems that are not correctable with regular lenses.

**The plan does not pay for:**

- Orthoptics or vision training
- Nonprescription lenses
- Two pairs of glasses instead of bifocals
- Replacement of lenses or frames broken, stolen, or lost before normal intervals
- Medical or surgical treatment of the eyes—you may be covered by your medical plan
- Protective eyewear
- Services and/or materials in excess of those provided under VSP because of a job requirement.

Any additional care, service, and/or materials not covered by this plan may be arranged between you and the provider.

**For More Information**

This is only an overview of your vision benefits. For full details, see your Benefits Office or the appropriate person in your department for VSP's brochure. You may call Vision Service Plan at 1-800-877-7195. You can also access VSP's website through the UCbencom website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) by selecting "General Info" and "Health and Welfare."

Once you enroll in the plan, VSP will send you more information, including a plan brochure and EOC (Evidence of Coverage) notice.

## Short-Term Disability and Supplemental Disability

An unexpected injury or illness that keeps you out of work can use up savings rapidly. Making sure you have enough disability insurance is an important part of your personal financial planning. UC offers two plans to help protect you against a loss of income due to a pregnancy, disabling injury, or illness.

The Short-Term Disability plan automatically provides basic short-term benefits coverage for nonwork-related disabilities. If you want more coverage, you can enroll in Supplemental Disability, which pays a higher level of benefits for longer periods of time. Benefits start after your chosen waiting period or after you exhaust your required sick leave, whichever occurs later.

If you enroll or shorten your waiting period after your PIE ends, coverage or the new waiting period is effective the day the insurance company approves your statement of health and you are actively at work.

Note: You may defer the normal effective date of your Supplemental Disability coverage for up to six months by submitting a written request with your enrollment. Deferring the effective date may result in a preexisting condition exclusion if you require treatment for a medical condition before your coverage becomes effective. See your Benefits Office for more information about a deferred effective date.

To be sure you get the coverage you want, sign up during your PIE and make your selections carefully. It is important that you consider your circumstances and how your selections will affect major events in your life (for example, buying a house or having a baby).

In addition to Short-Term Disability and Supplemental Disability, members of UCRP who have a permanent or long-term disability (12 months or longer) may be eligible for UCRP disability income. See the appropriate retirement plan summary plan description or your Benefits Office for more information.

### What the Plans Cover

#### Short-Term Disability

Short-Term Disability is paid for by the University.

This plan pays short-term benefits if you are unable to work due to a pregnancy, disabling injury, or illness. You must be under a doctor's direct and continuous care and your illness or injury must not be work-related. This plan has no exclusions for preexisting conditions.

The plan pays:

- 55% of your eligible earnings for the calendar month just before the month in which your disability begins, up to \$800 a month, for
- up to six months.

If you decide to be covered by this plan alone, the waiting period before benefits start is automatically a minimum of seven days. If you prefer, you may elect a 30-, 90-, or 180-day waiting period instead, but this will

not increase your benefits. See your Benefits Office for more information on electing an alternate waiting period. **If you also enroll in the Supplemental Disability plan, your waiting period will be the same for both plans.** You choose a waiting period for the Supplemental Disability plan; the waiting period for the Short-Term Disability plan matches automatically.

**No matter which waiting period you choose, you must use your accrued sick leave to cover up to the first 30 calendar days of disability (22 working days, not including paid holidays) before benefits begin.** If you have not accumulated that much sick leave, you must use what you have.

#### Supplemental Disability

Supplemental Disability is paid for by the employee.

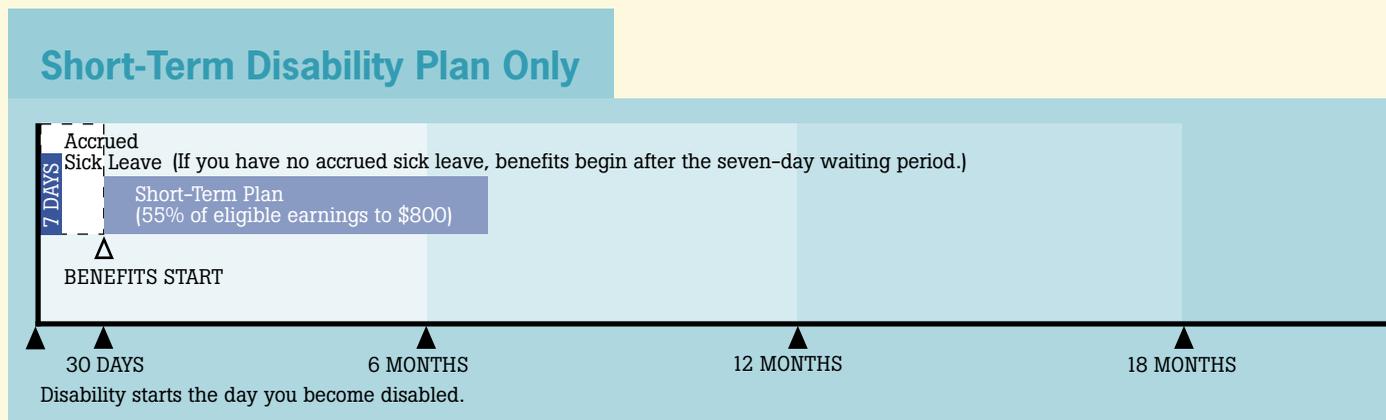
This plan pays benefits if you are unable to work due to a pregnancy, disabling injury, or illness. You must be under a doctor's direct and continuous care. If your disability is not work-related, benefits from this plan are coordinated with benefits from Short-Term Disability.

The plan limits benefits to 12 months for preexisting conditions if your period of disability begins within 12 months of the effective date of your coverage. See the insurance plan booklet for more information. A statement of health is required to enroll in Supplemental Disability outside of the PIE. A statement of health is also required to reduce a previously selected waiting period.

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This is how benefits work if you have Short-Term Disability only.



If you have Supplemental Disability, this is how both plans work together based on the waiting period

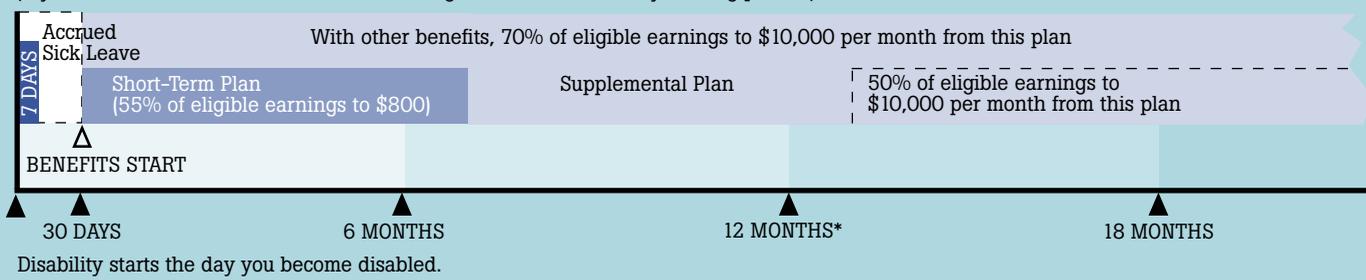
you choose. Remember, the waiting period you choose for the Supplemental Disability plan automatically

becomes your waiting period for the Short-Term Disability plan as well.

## Short-Term and Supplemental Disability Plans

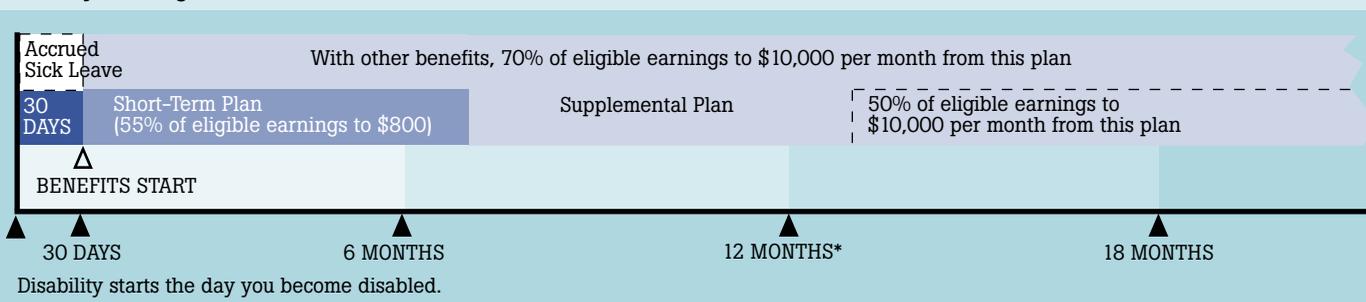
### 7-day Waiting Period

(If you have no accrued sick leave, benefits begin after the seven-day waiting period.)



If you have five days of sick leave or less, you will receive disability benefits up to 70% of your eligible earnings to \$10,000 per month after your seven-day waiting period. If you have more than five days of sick leave, you must use your sick leave to cover up to 30 calendar days of disability (generally 22 working days, not including paid holidays) before benefits begin. After you have received 12 months of Supplemental Disability benefits, the plan will pay 50% of your eligible earnings to \$10,000 per month. This benefit will be reduced if benefits combined with other sources (for example, Social Security and/or UCRP disability) exceed 70% of your eligible earnings.

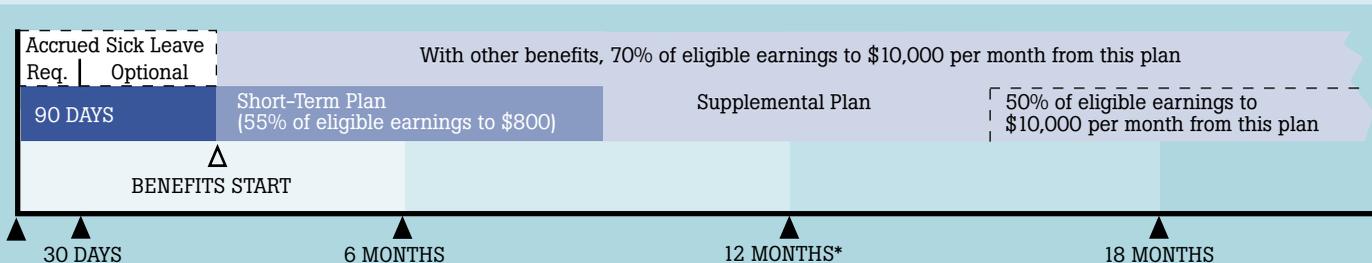
### 30-day Waiting Period



You must wait 30 calendar days (generally 22 working days, not including paid holidays) before you receive disability benefits up to 70% of your eligible earnings to \$10,000 per month. You may use sick leave to cover your disability waiting period. If you do not have enough sick leave to cover your waiting period, the balance of your waiting period will be unpaid. After you have received 12 months of Supplemental Disability benefits, the plan will pay 50% of your eligible earnings to \$10,000 per month. This benefit will be reduced if benefits combined with other sources (for example, Social Security and/or UCRP disability) exceed 70% of your eligible earnings.

## Short-Term and Supplemental Disability Plans

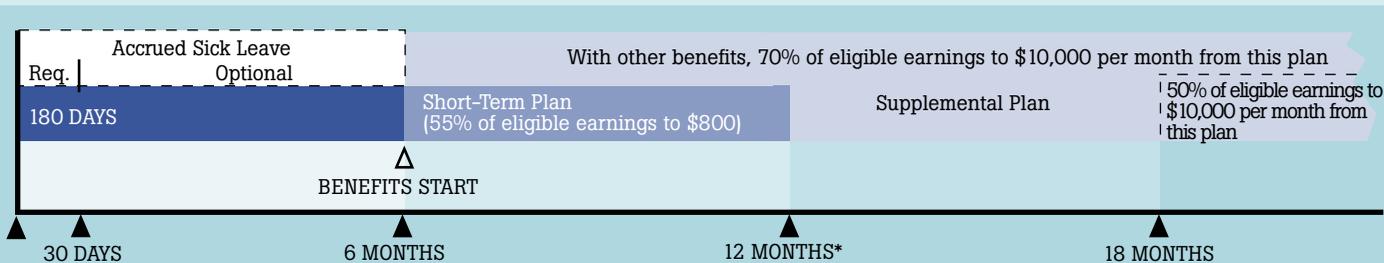
### 90-day Waiting Period



Disability starts the day you become disabled.

You must wait 90 calendar days before you receive disability benefits up to 70% of your eligible earnings to \$10,000 per month. You must use up to 30 days (generally 22 working days, not including paid holidays) of sick leave—if available—to cover part of your disability waiting period. You may also use additional accrued sick leave, up to the full waiting period. If you do not have enough sick leave to cover your waiting period, the balance of your waiting period will be unpaid. After you have received 12 months of Supplemental Disability benefits, the plan will pay 50% of your eligible earnings to \$10,000 per month. This benefit will be reduced if benefits combined with other sources (for example, Social Security and/or UCRP disability) exceed 70% of your eligible earnings.

### 180-day Waiting Period



Disability starts the day you become disabled.

You must wait 180 calendar days before you receive disability benefits up to 70% of your eligible earnings to \$10,000 per month. You must use up to 30 days (generally 22 working days, not including paid holidays) of sick leave—if available—to cover part of your disability waiting period. You may also use additional accrued sick leave, up to the full waiting period. If you do not have enough sick leave to cover your waiting period, the balance of your waiting period will be unpaid. After you have received 12 months of Supplemental Disability benefits, the plan will pay 50% of your eligible earnings to \$10,000 per month. This benefit will be reduced if benefits combined with other sources (for example, Social Security and/or UCRP disability) exceed 70% of your eligible earnings.

**Waiting Period:** During this time you do not receive plan benefits; you receive pay for any sick leave that you use.

**Accrued Sick Leave:** You are required (Req.) to use accrued sick leave—up to 22 working days. Benefits begin after the concurrent waiting period and used sick leave. For the 90- and 180-day waiting periods, you have the option of using additional accrued sick leave, up to the full waiting period. (To find out how many years of UC employment are

necessary to accrue enough sick leave to cover these longer waiting periods, see the chart on page 42.)

\* After 12 months, if you continue to be eligible, a \$100 minimum benefit will be paid regardless of other benefits or payments.

Supplemental Disability and Short-Term Disability benefits, combined with all other sources of disability or retirement income you receive (Social Security for example), pay:

- 70% of your eligible earnings for the calendar month just before the month in which disability begins, up to \$10,000 a month, for
- up to 12 months of temporary disability, after
- a minimum 7-, 30-, 90-, or 180-day waiting period.

If you are still disabled after 12 months of benefits, the Supplemental plan pays long-term disability benefits to fill in the difference between other sources of disability or retirement income and 70% of your eligible earnings. The Supplemental plan will pay a minimum benefit of \$100 a month, even if you are receiving a full 70% of eligible earnings from other sources. Other sources of income include, but are not limited to, UCRP, Social Security, and Workers' Compensation.

**Please note that UC does not participate in the California State Disability Insurance (SDI) program.**

If you are a new UC employee and become disabled, you may have SDI coverage through a former employer. SDI income from a previous employer would offset income from the UC-sponsored disability plans during your first 18 months of UC service.

If you have no other source of income, the Supplemental Disability plan alone pays a maximum of 50% of your eligible earnings up to \$10,000 a month.

If you are disabled before age 60, benefits are paid up to a maximum of age 65.

If you are disabled at or after age 60, but before age 69, benefits are paid

up to a maximum of age 70 or for five years (whichever comes first).

If you are disabled at or after age 69, benefits are paid up to a maximum of 12 months.

There is a 24-month lifetime limit on long-term benefits for disabilities related to mental health and/or substance abuse, unless you remain continuously hospitalized at the end of the 24-month period.

For the first 12 months, disability benefits are payable if you are disabled from your own occupation. After 12 months, long-term disability benefits are payable only if you are disabled from any occupation for which you are reasonably suited.

The Supplemental Disability plan offers a choice of minimum waiting periods before benefits begin—7, 30, 90, or 180 days. The longer the waiting period, the lower your monthly premiums. When you choose a longer waiting period, however, be aware that you will need to cover your expenses yourself—without income from the disability plans—until your benefits begin.

**Waiting Period**

Please remember that the waiting period you choose for the Supplemental plan also becomes your waiting period for the Short-Term plan.

The chart below shows how much sick leave you need to cover the four waiting periods.

If you are a new employee without much sick leave or other income, you might consider choosing the seven-day waiting period.

On the other hand, if you have a lot of sick leave or savings, or if you know that your department would continue your salary, you might choose a longer waiting period and pay a lower premium.

Remember—you must use your accrued sick leave to cover up to 30 calendar days of disability (generally 22 working days, not including paid holidays) before benefits begin, even if your waiting period is shorter. And, once sick leave is used, it is gone. A risk in selecting a long waiting period is that, if you use up your sick leave for one disability and then become disabled again, you may not have enough sick leave to cover another waiting period. The risk of a second disability may be small, but you are the only person who can decide whether it is one you want to assume.

You might want to keep some sick leave to use when you return to work after a period of temporary disability—for medical appointments or unrelated illnesses, for example. A shorter waiting period might let you do this.

**Accruing Sick Leave**

Waiting period (calendar days)	Minimum sick leave needed (working days)	Years of UC employment needed to earn leave*
7	5 (40 hours)	0.4
30	22 (176 hours)	1.8
90	66 (524 hours)	5.5
180	131 (1,048 hours)	10.9

\* Calculations assume that you work 174 hours a month, earn eight hours of sick leave per month, and do not use any earned sick leave.

## Return to Work

The Short-Term and Supplemental Disability plans both include provisions to help you return to work following an illness or injury. Additionally, your location may have a UC Rehabilitation Counselor available to help you return to work. There is no charge for these services.

## Pregnancy

The inability to work due to pregnancy is treated as any other disability under the terms of the Short-Term and Supplemental Disability plans. Benefits

are payable for the period of time during which the insurance carrier determines that you are unable to work and you meet all other plan requirements. For most pregnancies, the disability period begins two weeks before birth and ends six weeks after birth (eight weeks after birth for Caesarian section). Since most pregnancy disabilities last only six weeks, the waiting period you select will determine if you receive any disability income benefit during childbirth.

As part of your family planning, you should evaluate your disability benefits options and waiting period

before you become pregnant. See the *Pregnancy and Newborn Child Factsheet* and contact the appropriate person in your department to find out more about pregnancy disability and family and medical leave.

## Cost of Coverage

### Short-Term Disability

In 2002, UC pays the entire cost of your coverage.

### Supplemental Disability

Your cost depends on your salary, age, and choice of waiting period. The table and worksheet to the left show how to figure your monthly premium.

To calculate your monthly premium, use your age and covered salary rate as of January 1, 2002 (or your hire date, if later).

## Supplemental Disability Monthly Rates Effective January 1, 2002

Age	Waiting Period			
	7 Days	30 Days	90 Days	180 Days
Under 35	\$0.0116	\$0.0043	\$0.0037	\$0.0015
35-39	0.0122	0.0047	0.0041	0.0019
40-44	0.0137	0.0058	0.0049	0.0030
45-49	0.0151	0.0068	0.0058	0.0038
50-54	0.0187	0.0087	0.0074	0.0057
55-59	0.0224	0.0125	0.0106	0.0093
60-64	0.0309	0.0203	0.0174	0.0165
65-69	0.0274	0.0159	0.0136	0.0121
70 and over	0.0208	0.0088	0.0075	0.0048

- Find the rate for your age and waiting period.  $\$$  \_\_\_\_\_  
monthly rate
- Multiply the rate by your gross monthly covered salary\* up to \$14,286 per month. If your salary is higher, use \$14,286.  $\times$   $\$$  \_\_\_\_\_  
gross monthly covered salary rate
- This is your monthly premium.  $=$   $\$$  \_\_\_\_\_  
monthly premium

\* Use the full-time monthly covered salary rate for your position, even if you work part time. Premiums are based on the full-time salary rate for your position; if you normally work less than full time, benefits will be based on your part-time earnings. Do not include special pay, such as overtime.

## Who Is Eligible

You are eligible for Short-Term and Supplemental Disability insurance if you qualify for Full Benefits (see page 7).

Coverage stops if your average regular paid time drops below 17.5 hours a week, even though you may still be a member of a UC-sponsored defined benefit retirement plan. Coverage also stops if you go on any unpaid leave of absence.

**You may not enroll family members in these plans, nor are the plans available to retirees or other annuitants.**

## For More Information

This is only an overview of your disability benefits. For full details, see your Benefits Office or the appropriate person in your department for a copy of the insurance plan booklet. Once you enroll, the insurance carrier will send you more information.

## Workers' Compensation

California's Workers' Compensation laws guarantee prompt, automatic benefits to workers injured on the job. If you cannot work because of an industrial injury, Workers' Compensation pays your medical bills and provides compensation to help replace your lost income until you can return to work. The benefits guaranteed under Workers' Compensation are:

- Medical care to cure or relieve the effects of the industrial injury,
- Compensation payments to help replace lost wages,
- Permanent disability benefits to compensate for diminished earning capacity, and
- Vocational rehabilitation services to help in returning to work.

The term "industrial injury" is used to describe any injury, illness, or disease which results from work or working conditions, and which occurs during the employee's service to UC.

Under the guidelines of this program, it is your responsibility to:

- Report work-related injuries and illnesses promptly to your supervisor and to cooperate with UC's efforts to provide timely, fair, and equitable benefits pursuant to State laws and UC procedures.

- Comply with all Occupational Safety and Health Standards and rules, regulations, and orders, which are applicable to your own actions and conduct.
- Take every reasonable precaution to work in a safe manner and not put yourself or others at risk.
- Not remove, displace, damage, destroy, or carry off any safety device, notice, or warning furnished for use in any place of employment or interfere in any way with the use thereof by any other person.
- Use personal safety gear provided to you to be able to perform work tasks in a safe manner.
- Learn about potential job hazards and observe potential warning signs.
- Immediately inform your department about your work restrictions and/or capabilities as outlined by your physician when you are ready to return to work.

UC is self-insured and contracts with a third party administrator to manage Workers' Compensation claims.

Each location has a Workers' Compensation Manager who can answer questions about your injury and/or claims and benefits processes as they relate to your injury. You can find a

list of UC Workers' Compensation Managers through the UC Financial Management Risk Management website ([www.ucop.edu/riskmgmt/wcmdir.html](http://www.ucop.edu/riskmgmt/wcmdir.html)).

In addition, your location may have a return-to-work program of modified duties to facilitate your recovery. Your location may also direct you to a competent medical provider for your injury.

### For More Information

For additional information, see Business and Finance Bulletin BUS 73—*Workers' Compensation Self-Insurance Program*. This bulletin is available online at: [www.ucop.edu/ucophome/policies/bfb/bus73.html](http://www.ucop.edu/ucophome/policies/bfb/bus73.html) or from your local Workers' Compensation Manager.

If the event of your death, financial protection for your dependents can play an important role in their future security. UC automatically provides basic life insurance coverage for all eligible employees. And, if you are eligible, you may buy additional coverage—for both yourself and your family members.

UC's life insurance plans carry no restrictions for preexisting conditions.

UC's plans are group term life plans that provide coverage at special rates to group members—in this case, UC employees. Term insurance stays in effect only during a set time, or term; in this case, as long as you remain

an eligible employee. Unlike whole life policies, term life policies don't accumulate a cash value over time. Coverage stops when you are no longer eligible.

Rates and coverage amounts are adjusted each January 1 and usually stay the same for the rest of the year.

## University-Paid Life Insurance

The two University-Paid plans—**Basic Life** and **Core Life**—provide basic life insurance coverage. The amount varies, depending on your appointment rate and average regular paid time. You are automatically covered by the plan for which you qualify.

### What the Plans Cover

#### Basic Life

This plan provides life insurance equal to your annual base salary, up to \$50,000.\* The coverage amount is based on your UC salary and appointment rate as of January 1 of each year.

Benefits are paid to your beneficiaries if you die while employed, or on paid leave, or during the first four months of approved leave without pay or temporary layoff. Benefits from this plan are payable in addition to any other death benefits for which you may qualify—for example, from the Supplemental Life insurance

plan (see following page) or your retirement plan.

#### Core Life

This plan provides \$5,000 of life insurance.\*\*

Benefits are paid to your beneficiaries if you die while employed or on paid leave, or during the first four months of approved leave without pay or temporary layoff. Benefits from this plan are payable in addition to any other death benefits for which you may qualify.

### Cost of Coverage

In 2002, UC pays the entire cost of your coverage for Basic or Core Life insurance.

### Who Is Eligible

#### Basic Life

You are eligible for coverage if you qualify for Full Benefits (see page 7).

Coverage stops if your UC average regular paid time drops below required levels. However, you may be able to convert your life insurance to an individual policy (see page 19 for conversion privileges). Your Benefits Representative has more information.

You may not enroll family members in this plan, nor is it available to retirees or other annuitants. See pages 49–51 for information on Dependent Life insurance.

#### Core Life

You are eligible for coverage if you qualify for Core or Mid-level Benefits (see page 7).

Coverage stops if your average regular paid time drops below required levels. However, you may be able to convert your life insurance to an individual policy (see page 19). Your Benefits Representative has more information.

You may not enroll family members in this plan, nor is it available to retirees or other annuitants.

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\* If you are a member of the California Public Employees' Retirement System (CalPERS), UC provides coverage equal to your annual base salary multiplied by your appointment rate, less \$5,000, up to \$45,000. CalPERS provides \$5,000 of coverage.

\*\* This plan does not cover CalPERS members.

# Supplemental Life Insurance

Eligible employees may supplement Basic Life by enrolling in this plan and paying monthly premiums. You must meet the eligibility requirements explained below. If you qualify, you can choose the amount of coverage that meets your needs, up to the limits noted below.

## What the Plan Covers

You may choose one of these coverage amounts:

- \$20,000
- One times your annual salary, up to \$250,000
- Two times your annual salary, up to \$500,000
- Three times your annual salary, up to \$750,000
- Four times your annual salary, up to \$1,000,000

Coverage is based on the full-time salary rate for your position as of January 1 of the current year, even if you work part time. Coverage will not be reduced automatically if your full-time salary rate is reduced.

Benefits are paid to your beneficiaries if you die while enrolled. Benefits from this plan are payable in addition to any other death benefits for which you may qualify—for example, from the Basic Life insurance plan or your retirement plan.

## Waiver of Premium

If you are covered under Supplemental Life, become totally disabled before age 65, and your disability continues for six consecutive months, you may qualify for continuance of life insurance protection without paying the premiums. You must provide written proof of your disability no later than one year after the disability starts and submit proof of your continuing disability each year. Your life insurance will continue until you reach age 70, as long as you remain totally disabled. You may need to continue your premium payments to your Payroll or Benefits Office while your application is pending. See your insurance booklet or call the insurance carrier for more information.

## Living Benefit Option

The plan also provides a “living benefit” option that allows terminally ill employees who have been covered by the plan for at least one year to receive some of their life insurance benefits before death. The cash can be used for any purpose. The money—50% of the total coverage amount, up to \$250,000 (less a discount fee)—is paid directly to the employee in a lump sum or in 12 equal monthly installments. The amount that would otherwise be payable to beneficiaries at death is reduced by the amount paid to the employee. Your life insurance plan booklet has more information.

## Who Is Eligible

You are eligible to enroll in Supplemental Life if you qualify for Full or Mid-level Benefits (see page 7). You do not need to be a member of a UC retirement plan.

After the PIE you must submit a statement of health to enroll. The insurance company may or may not accept your enrollment based on the statement of health.

You may not enroll family members in this plan, nor is it available to retirees or other annuitants. See pages 49–51 for information on Dependent Life insurance.

## Cost of Coverage

Your cost for Supplemental Life depends on your age and the amount of coverage you buy. Use the table and worksheet at right to figure your monthly premium.

You pay nothing for the first month or partial month of coverage. Likewise, if you increase coverage, you don't pay the extra premium for the first partial month of increased coverage.

### Supplemental Life Monthly Rates (Per \$1,000) Effective January 1, 2002

Your Age	Monthly Cost
Under 30	\$.044
30-34	.051
35-39	.063
40-44	.099
45-49	.172
50-54	.279
55-59	.441
60-64	.694
65-69	1.058
70 and over	1.911

To calculate your monthly premium, use your age and salary as of January 1 of the current year.

1. Round your annual salary up to the next higher thousand (if it is not an exact multiple of \$1,000). Use your full-time salary rate even if you work part time.

\$ \_\_\_\_\_  
full-time annual salary

2. If you want \$20,000 of coverage, write \$20,000 on Line 3. Otherwise, multiply your full-time annual salary (Line 1, above) by the coverage level you want (1, 2, 3, or 4 times your annual salary).

x \_\_\_\_\_  
coverage level

3. This is your coverage amount. =

\_\_\_\_\_  
coverage amount

4. Divide the coverage amount by 1000.  $\div 1000 =$

\_\_\_\_\_

5. Multiply the number on Line 4 by the monthly cost for your age. x

\$ \_\_\_\_\_  
monthly rate

6. This is your monthly premium. =

\$ \_\_\_\_\_  
monthly premium

## Conversion Privileges

You may be eligible to convert your group life insurance to an individual policy if your UC-sponsored coverage ends. See “Conversion Privileges” on page 19 and see your Benefits Office for more information.

## Your Beneficiaries

### Both Plans

You name beneficiaries by completing the University’s *Designation of Beneficiary—Life and AD&D Insurance* form (UPAY 718). If you don’t name beneficiaries, benefits are paid to the first survivor in this list:

- Your legal spouse,
- Your children—in equal shares,
- Your parents—in equal shares, or
- Your brothers and sisters—in equal shares.

If none of these people survives you, the plan pays benefits to your estate.

You may change your designated beneficiary at any time by submitting a new beneficiary form. Once your Payroll Office accepts a new form, all previous designations are revoked.

Changes in your family situation (e.g., marriage, divorce, birth of a child) do not automatically alter or revoke your previous designations. **Prior designations remain valid until you complete a new designation form.**

Review your beneficiary designations for your insurance plans any time there is a change in your family situation. **A will does not supercede a beneficiary designation.**

You may obtain a designation of beneficiary form through UCbencom ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) under “Online Forms” or from your Benefits Representative.

## Insurance Assignment

### Both Plans

Employees, such as those diagnosed with a terminal illness, may make an absolute assignment for the value of Supplemental or Basic/Core Life insurance benefits. Making an absolute assignment *irrevocably* transfers ownership of your life insurance benefits to someone else. For example, a terminally ill person may consider assigning his or her life insurance to a viatical settlement company—a company that pays a terminally ill

person an agreed upon amount in exchange for future benefits and rights to the person’s life insurance. Once coverage has been assigned, the new “owner” (the viatical settlement company) has the right to designate beneficiaries or convert the insurance. The employee can no longer leave a cash payment to beneficiaries and the employee is not eligible to elect the “living benefit” option described on page 46. Because assigning benefits is permanent and involves complex legal and tax issues, an attorney should be consulted before assigning coverage. Assignment forms can be obtained from your Benefits Office.

## For More Information

### Both Plans

This is an overview of your Basic Life and Supplemental Life insurance benefits. For full details, see your Benefits Office or the appropriate person in your department for a copy of the insurance company’s brochure. Once you are enrolled, the insurance carrier will send you more information.

# Dependent Life Insurance

UC offers two plans to employees who are eligible for Full and Mid-level Benefits for insuring your eligible family members. The **basic plan** covers each dependent for a modest amount; the **expanded plan** provides more coverage.

If you are interested in covering eligible children only, for \$.36 per month the expanded plan provides \$10,000 of coverage for each covered child (compared to \$5,000 under basic).

If you currently cover other eligible family members through Basic Dependent Life or have coverage for children under Expanded Dependent Life, newly eligible children are covered automatically after 24 hours of age (or if adopted, the earlier of the date of physical custody or the date you, your spouse, or same-sex domestic partner has the legal right to control the child’s health care).

## What the Plans Cover

### Basic Dependent Life

This plan covers your spouse or same-sex domestic partner and eligible children for \$5,000 each.

### Expanded Dependent Life

This plan covers your eligible family members for these amounts:

- Legal spouse or same-sex domestic partner: An amount equal to 50% of your Supplemental Life insurance amount—\$200,000 maximum
- Eligible children: \$10,000 each

## Who Is Eligible

The family members you may cover are the same under both plans. See pages 10 and 11 for the eligible family members you may enroll.

You may cover your family members under either the basic or the expanded plan. You may not cover them under both plans.

If both you and a family member are UC employees: you may be covered under either UC-sponsored Supplemental Life or Dependent Life as an eligible family member. You may not be covered by both plans (see “No Duplicate Coverage” on page 11).

You can cover only one adult in your UC-sponsored plans.

When enrolling family members after the PIE ends, you must submit a statement of health for an adult member; this is not required for children. The insurance company may or may not accept the enrollment based on the statement(s) of health. You may transfer your dependents from the expanded plan to the basic plan at any time. However, to transfer from the basic plan to the expanded plan, you must submit a statement of health for your spouse or same-sex domestic partner, if any.

### Basic Dependent Life

To cover your eligible family members under this plan, you must be eligible for and enrolled in either:

- The Basic Life plan described on page 45, or
- The Supplemental Life plan described on page 46.

Coverage for your dependents stops if you cancel or lose your life insurance coverage. However, you may be able to convert your Dependent Life insurance to an individual policy. Your Benefits Representative has more information.

This plan is not available to retirees or other annuitants.

### Expanded Dependent Life

To cover your eligible family members under this plan, you must be eligible for and enrolled in the Supplemental Life plan described on page 46.

Coverage for your dependents stops if you cancel or lose coverage under the Supplemental Life plan. However, you may be able to convert your Dependent Life insurance to an individual policy. Your Benefits Office has more information.

This plan is not available to retirees or other annuitants.

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## Basic Dependent Life Monthly Rates Effective January 1, 2002

Your Age	Monthly Cost
Under 35	\$ .62
35-39	1.10
40-44	1.22
45-49	1.49
50 and over	1.70

## Cost of Coverage

### Basic Dependent Life

The table to the left shows your monthly cost, which depends on your age as of January 1, 2002. You pay nothing for the first month of coverage.

### Expanded Dependent Life

Your cost depends on your age and on how many family members you cover.

You pay nothing for the first month of coverage. Likewise, if you increase coverage, you don't pay the extra premium for the first month of increased coverage.

Use the chart on page 51 to calculate the cost of your Expanded Dependent Life coverage.

## Conversion Privileges

You may be eligible to convert Dependent Life insurance to individual policies if your UC-sponsored coverage ends. See "Conversion Privileges" on page 19 and see your Benefits Office for more information.

Also, if you are covered under the Supplemental Life waiver of premium benefit and you become totally disabled, your Dependent Life coverage will end and you may be eligible to convert to an individual policy.

## Expanded Dependent Life Monthly Rates (Per \$1,000) Effective January 1, 2002

	Spouse or Same-sex Domestic Partner Only	Children Only	Spouse or Same-sex Domestic Partner and Children
Your Age	Monthly Cost		
Under 30	\$.036	\$.36 covers all eligible children	\$.36 plus the spouse or same-sex domestic partner only premium covers spouse or partner and all eligible children
30-34	.045		
35-39	.054		
40-44	.090		
45-49	.207		
50-54	.288		
55-59	.486		
60-64	.513		
65-69	.792		
70 and over	1.395		

To calculate the monthly premium to cover your spouse or same-sex domestic partner, use your age as of January 1, 2002.

1. Find your Supplemental Life insurance coverage amount. \$ \_\_\_\_\_  
coverage amount
  
2. Divide this amount by 2. Round to the next higher \$1,000 if not an exact multiple of 1000. This is the coverage amount for your spouse or partner.  $\div 2 =$  \$ \_\_\_\_\_  
coverage amount for spouse or partner (\$200,000 maximum)
  
3. Divide line 2 by 1000.  $\div 1000 =$  \_\_\_\_\_
  
4. Multiply the number on Line 3 by the monthly rate for your age. x \$ \_\_\_\_\_  
monthly rate
  
5. This is your monthly premium for spouse-only or partner-only coverage. = \$ \_\_\_\_\_  
monthly premium

If you are enrolling in coverage for spouse or partner and children, add \$.36 to the monthly premium on Line 5, above.

## Your Beneficiaries

### Basic Dependent Life

You are the beneficiary if a covered dependent dies.

### Expanded Dependent Life

You are the beneficiary if a covered dependent dies. (If you prefer, you may designate someone else to receive benefits if a spouse or same-sex domestic partner covered under this plan dies. You cannot designate an alternate beneficiary to receive benefits for covered children. See your Benefits Office for the proper designation form.)

### For More Information

This is an overview of your Dependent Life insurance benefits. For full details, see your Benefits Office or the appropriate person in your department for a copy of the insurance plan booklet. Once you enroll, the insurance carrier will send you more information.

# Accidental Death and Dismemberment (AD&D)

Accidents happen, and their financial impact can be devastating. To help protect you and your family from the unforeseen financial hardship of an accident, UC offers the Accidental Death and Dismemberment (AD&D) plan. The plan provides worldwide coverage for you and your enrolled family members. (Note that you can enroll only one adult in your UC-sponsored plans. You may not cover your spouse or same-sex domestic partner if you are covering an adult dependent relative in a UC-sponsored health plan.) UC's AD&D plan carries no exclusions for preexisting conditions.

## What the Plan Covers

The plan offers three coverage options, including:

- The *self-only* plan—covers you;
- The *family* plan—covers you, your spouse or same-sex domestic partner, and your children; and
- The *modified family* plan—covers you and your children.

The family plan covers your spouse or partner for 60% of your coverage amount. With eligible children, it covers your spouse or partner for 50% of your amount and each child for 20%. The modified family plan covers you, and each eligible child is covered for 20% of your amount. Your spouse or partner is not covered.

You and your enrolled family members are covered worldwide, 24 hours a day.\*

The plan provides coverage for accidental death or dismemberment or loss of sight, speech, or hearing caused by an accident.

If you or a covered family member dies in a car accident while using a seatbelt and/or an airbag, the plan pays an additional 10%.

The plan pays a percentage of the coverage amount if an accident causes complete and irreversible paralysis for a covered family member. The amount depends on the degree of the paralysis.

This plan provides coverage if you are permanently and totally disabled by a covered accident. (Family members are not eligible for this benefit.)

If you or a covered family member dies in a natural disaster, the plan pays an additional 10%. A natural disaster is a storm, earthquake, flood, volcanic eruption, windfire or other similar event that is due to natural causes and results in the damaged area being officially declared a disaster area by state or federal government. If the event occurs outside of the United States, the disaster declaration must be made by a corresponding government authority.

If you die in a covered accident, the plan provides special educational benefits for your spouse or same-sex domestic partner and/or children. Your spouse or partner may receive up to \$10,000 for the professional or

trade training needed to become self-supporting.

If you die in a covered accident, the plan also pays for your covered child's higher education—either the actual annual tuition or 5% of your coverage amount (up to \$10,000, but not less than \$1,500) per school year, whichever is less. To be eligible, a child must be enrolled in an institution of higher education on the day of the accident. Or, if a full-time high school student, the child must enroll in an institution of higher education within one year of high school graduation. This benefit is paid annually for up to four consecutive years provided the child continues as a full-time student.

The plan will pay for day care expenses for covered children under age 13 if you die due to a covered accident. This benefit is paid up to four years (\$20,000 maximum) or until the child reaches age 13. The annual amount payable is equal to the lesser of:

- the actual cost of day care expenses incurred after the date of the accident causing your (the employee's) death,
- 5% of the your coverage amount, or
- \$5,000.

If an insured person suffers a covered accidental dismemberment or paralysis, the plan will pay covered rehabilitative expenses resulting from the covered injury causing the dismemberment or paralysis for two years after the date of the accident, to a maximum of \$10,000.

If an insured person is rendered comatose resulting from a covered accident, the plan will pay a monthly

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\* If you are in the military, certain wartime exclusions may apply. See the insurance company's booklet for more information.

benefit of 1% of the coverage amount beginning after the insured person has been in a coma for 30 consecutive days. This benefit will reduce the coverage amount payable (it is not in addition to the coverage amount).

For more details, see the insurance company's booklet.

## Cost of Coverage

Your cost depends on the plan option and the coverage amount you choose, which can range from \$10,000 to \$500,000. You pay nothing for the first month. Likewise, if you increase coverage, you don't pay the extra premium for the first partial month of increased coverage.

### AD&D Monthly Rates Effective January 1, 2002

Coverage	Plan Options		
	Self (You)	Family (You, spouse or partner*, and eligible children)	Modified Family (You and eligible children)
\$ 10,000	\$ 0.14	\$ 0.22	\$ 0.17
20,000	0.28	0.44	0.34
30,000	0.42	0.66	0.51
40,000	0.56	0.88	0.68
50,000	0.70	1.10	0.85
60,000	0.84	1.32	1.02
70,000	0.98	1.54	1.19
80,000	1.12	1.76	1.36
90,000	1.26	1.98	1.53
100,000	1.40	2.20	1.70
125,000	1.75	2.75	2.13
150,000	2.10	3.30	2.55
175,000	2.45	3.85	2.98
200,000	2.80	4.40	3.40
300,000	4.20	6.60	5.10
400,000	5.60	8.80	6.80
500,000	7.00	11.00	8.50

\*Partner: Same-sex domestic partner

## Your Beneficiaries

You name beneficiaries by completing the appropriate designation of beneficiary form. If you don't name beneficiaries, benefits are paid to the first survivor in this list:

- Your legal spouse,
- Your children—in equal shares,
- Your parents—in equal shares, or
- Your brothers and sisters—in equal shares.

If none of these people survives you, the plan pays benefits to your estate.

You are the beneficiary if a covered family member dies. (If you prefer, you may designate someone else to receive benefits if a family member dies. See your Benefits Office for the proper designation form.)

You may change your designated beneficiary at any time by submitting a new form. Once your Payroll Office accepts a new form, all previous designations are revoked.

Changes in your family situation (e.g., marriage, divorce, birth of a child) do not automatically alter or revoke your previous designations. **Prior designations remain valid until you complete a new designation form.** Review your beneficiary designations for your insurance plans any time there is a change in your family situation. **A will does not supersede a beneficiary designation.**

See your Benefits Office for information and forms.

## For More Information

This is only an overview of your AD&D benefits. For full details, see your Benefits Office or the appropriate person in your department for a copy of the insurance plan booklet. Once you enroll in the plan, the insurance carrier will send you more information.

# Business Travel Accident Insurance

If eligible, while traveling on official UC business or while engaged in designated hazardous activities on behalf of UC, you will be covered 24 hours a day, worldwide, against accidental death and dismemberment for up to \$100,000 (\$250,000 for Senior Managers).

In addition, the following business travel assistance services are available to you while away from home:

## Pre-Travel Assistance

- Advice on required and recommended immunizations,
- Health information and precautions for medically remote or underserved areas,
- Information for disabled travelers, and
- Help in arranging special medical services needed while traveling.

## Medical Emergency Services

- Worldwide, 24-hour help to locate and arrange medical care,
- Medical case monitoring, arranging communication between patient, family, physicians, employer, consulate, etc.,
- Medical transportation arrangements, and
- Emergency message service for medical situations.

## Legal Assistance

- Help with arranging contact with a local English-speaking attorney and
- Worldwide, 24-hour contact for non-criminal legal emergencies.

## Travel Assistance

- Worldwide, 24-hour telephone contact for advice on handling losses and delays,
- Help with lost passports, tickets, and documents,
- Advice on filing travel-related claims,
- Help with arranging shipments of forgotten, lost, or stolen items, and
- Help with relaying of emergency messages.

## Business Trips

An official UC business trip begins when you leave your residence or work site (whichever occurs last) for the purpose of conducting UC business away from your UC work site. The business trip ends when you return to your residence or your UC work site (whichever occurs first).

If a business trip exceeds 60 days in length, you will be considered to be located at an alternate residence and work site. For coverage to apply, you must be on a trip away from the alternate site.

Procedures and conditions of travel must be in accordance with Business and Finance Bulletin G-28, which describes UC policy and regulations regarding travel. This bulletin can be found online ([www.ucop.edu/ucophome/policies/bfb/g28toc.html](http://www.ucop.edu/ucophome/policies/bfb/g28toc.html)).

## Hazardous Activities

The following designated hazardous activities are covered by this insurance when undertaken on behalf of UC:

- transportation of emergency medical patients or donor organs,
- structural inspection,
- scuba diving,
- seismology and wave studies,
- hazardous spills clean up, and
- authorized activities of the UC Police Bomb Squad.

## If You Need Help

If you need assistance, 24-hour assistance is available to you, worldwide.

In the United States or Canada, call 1-800-626-2427.

Outside of the United States or Canada, call 1-713-267-2525 (collect).

To receive assistance, you will need to reference the Business Travel Accident Insurance policy number. For 2002, the policy number is GTP 805 56 49, which is written for The Regents of the University of California. If you require further information, please contact your local Risk Management office.

## For More Information

For additional information about insurance coverage and exclusions, see Business and Finance Bulletin BUS 74—*Business Travel Accident Insurance*. This bulletin can be found online ([www.ucop.edu/ucophome/policies/bfb/bus74.html](http://www.ucop.edu/ucophome/policies/bfb/bus74.html)) or from your local Workers' Compensation Manager. You can also find a list of UC Workers' Compensation Managers online ([www.ucop.edu/riskmgmt/directories.html](http://www.ucop.edu/riskmgmt/directories.html)).

## Legal Expense

Most people need legal advice at one time or another, but high legal fees often prevent them from getting the necessary assistance.

UC offers a prepaid legal expense insurance plan that gives you access to basic, personal legal help. The plan provides unlimited access to a toll-free telephone line and covers specific legal services. These services are provided through the Signature LegalCare Plan at an annual cost roughly equal to one or two hours in an attorney's office.

The legal expense insurance plan helps mainly with routine preventive or defensive matters and should cover most basic legal needs. The chart on page 56 explains what the plan covers.

### What the Plan Covers

The legal plan helps you with preventive, domestic, consumer, and defensive legal services.

- *Preventive legal services* include general legal advice, negotiation, document review and preparation, preparation of wills and durable power of attorney. Often, a few minutes of legal advice can prevent a small problem from becoming a major one.
- *Domestic legal services* cover divorces, separations, adoptions,

child support, child visitation, and name changes.

- *Consumer services* include legal representation for the enforcement of warranties or promises in connection with the purchase of goods or services. This does not include actions in Small Claims Court. Nor does it include disputes over real estate construction matters for a new home or room additions to and/or remodeling of an existing home.
- *Limited defensive legal services* include misdemeanor defense and felony charge advice.

See the Signature LegalCare booklet for plan limitations and exclusions.

### Cost of Coverage

Your monthly cost for 2002 depends on whether you enroll individually or as a family (yourself and one or more family members).

Single	Family
\$6.70	\$10.45

### How to Use the Plan

When you need legal help, your first step is to call—toll free—The Preventive LegalCare Office (PLCO), which is an independent legal firm. PLCO attorneys are available to provide advice and assistance from 8:30 a.m. to 6:00 p.m., Monday through Friday (except legal holidays). For emergencies, an attorney is on call 24 hours a day, seven days a week.

When you call, the Signature LegalCare staff and an attorney will

help determine what kind of legal help you need and will advise you on the services the plan will cover. The PLCO attorney can provide unlimited telephone advice. If you need more assistance than the PLCO attorney can provide, he or she may advise you to consult an attorney in person. A claim form, a description of coverage, and a current list of the plan's Participating Attorneys will be sent to you.

These Participating Attorneys have met Signature LegalCare's requirements and have agreed to provide the services described on page 56. Covered services are fully paid.

If you prefer, you may use a non-participating attorney of your choice, anywhere in the world. The plan pays at a rate of \$50 an hour, up to the limits shown on page 56.

You may use whatever source of legal assistance is appropriate in a particular situation. You are not restricted to a specific attorney. For example, you can use a Participating Attorney for one matter, then choose any other attorney for another. The plan does not cover legal work in progress at the time you enroll.

Before consulting any attorney, be sure to call the PLCO. Doing so is the best way to be sure the plan serves you to your best advantage.

The plan provides these types of legal services:

- *Legal telephone services:* For simple matters that can be handled adequately by telephone, you may call the PLCO. The PLCO attorney

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## What the Plan Covers

### Preventive LegalCare Office (PLCO)

Unlimited toll-free telephone service to seek advice and consultation directly with an attorney, and guidance or direction regarding covered personal legal matters. The

PLCO will also review simple documents. The PLCO covers all matters except those specifically excluded from the plan.

For the following services you may use a Signature LegalCare attorney or any other local attorney.	Coverage Per Family Each Calendar Year <sup>1</sup>	
	Participating Attorney	Any Other Attorney
<b>Attorney Office Work</b>		
Advice, negotiation, and services for matters not otherwise covered or excluded. The benefit covers such matters as: sale or purchase of a residence, problems with a landlord, administrative hearings (e.g., Social Security, Medicare, and other public benefits)	Up to 8 hours	\$400
Simple wills and trusts (including Power of Attorney) <sup>2, 3</sup>	Fully paid	\$125
Codicils to wills, living wills <sup>3</sup>	Fully paid	\$ 50
Durable Power of Attorney <sup>2</sup>	Fully paid	\$ 50
<b>Domestic</b>		
Uncontested divorce (for employee's use only)	Fully paid	\$375
Contested divorce (for employee's use only)	Fully paid	\$500
Child support, visitation, and/or alimony in conjunction with a modification of divorce decree or a separation or annulment agreement	Fully paid	\$200
Child custody/child support not in conjunction with a modification of a divorce decree or a separation or annulment agreement		
• Legal services required for the creation of a child custody, child support, or visitation agreement	Fully paid	\$175
• Modification/enforcement of an uncontested child custody, child support, or visitation agreement	Fully paid	\$210
• Modification/enforcement of a contested child custody, child support, or visitation agreement	Fully paid	\$350
Establishment of guardianship/conservatorship	Fully paid	\$300
Adoption proceedings <sup>4</sup>	Fully paid	\$300
Name change	Fully paid	\$200
<b>Defensive</b>		
Criminal misdemeanor defense (except traffic violations) <sup>4</sup>	Fully paid	\$500
Habeas Corpus proceedings	Fully paid	\$300
Juvenile court hearings—if juvenile is covered dependent	Fully paid	\$350
Defense of a lawsuit for the collection of a debt based on a contract or other written instrument <sup>4</sup>	Fully paid	\$450
Personal bankruptcy	Fully paid	\$400
Defense of traffic matter that could lead to license suspension <sup>4</sup>	Fully paid	\$250
<b>Consumer</b>		
Consumer protection (except for disputes over real estate/construction matters) <sup>4</sup>	Fully paid	\$250

Dollar amounts shown are maximums at \$50 per hour.

<sup>1</sup> Benefits are limited to one claim per item per year, whether you have self-only or family coverage, with the exception of the attorney office work, estate planning, wills, trust benefits and PLCO services.

<sup>2</sup> Benefits for estate planning, wills, and trusts are limited to four claims per year.

<sup>3</sup> In conjunction with this benefit, the eight hours under the Attorney Office Work benefit may be used for more involved trust matters.

<sup>4</sup> Four-day trial limitation.

**For participating attorneys and a claim form, see Signature LegalCare's website at [www.legalcareplan.com](http://www.legalcareplan.com) or call the plan. See the Signature LegalCare booklet for plan limitations and exclusions.**

will either work with you over the phone or recommend that you meet with an attorney in person. Unlimited PLCO services help you get the most from the plan. By using the PLCO whenever possible, you can keep other plan benefits available for more serious matters.

- *Attorney Office Work for advice and counseling:* The plan pays for up to eight hours a year when you use a Participating Attorney. If you use a nonparticipating attorney, the plan pays a rate of \$50 an hour, up to \$400 a year. Once the attorney begins working for you, the plan begins to pay benefits.

It is up to you and the attorney to decide how best to use the time available—in personal meetings or by having the attorney review documents or write letters for you. When you exceed the yearly allowance, you must arrange with the attorney to pay for further services yourself.

- *Specific covered services:* The plan also covers services such as wills, legal defense, domestic matters, and consumer protection. See the chart on page 56 for a list of covered services.

## For More Information

This is only an overview of your legal expense insurance benefits. For full details, see your Benefits Office or the appropriate person in your department for a copy of the insurance company's summary plan description, or visit Signature LegalCare's website through the HR/Benefits website ([www.ucop.edu/bencom](http://www.ucop.edu/bencom)) by selecting "General Info" and "Health and Welfare."

You may also call Signature LegalCare at 1-800-841-0193. Once you enroll, the insurance carrier will send you more information.

## Automobile and Homeowner/Renter

For employees who are eligible for Full or Mid-level benefits (see page 7), Automobile and Homeowner/Renter insurance is also available. Carrier underwriting requirements must also be met.

These plans are currently offered through A+ Auto & Home Insurance Plus (through California Casualty) and your premiums are paid conveniently

through payroll deduction. Since coverage is individually underwritten, however, you are encouraged to obtain quotes from other insurers as well. This will help you find the automobile or homeowner/renters policy (and price) that best meets your needs.

You may enroll at any time.

### For More Information

For information or to receive an individual premium quotation, contact A+ Auto & Home Insurance Plus directly at 1-800-800-9410.

## Dependent Care Assistance Program (DepCare)

DepCare allows you to pay for certain dependent care expenses on a pretax, salary reduction basis. Dependents can be either children or adults (see “Who is Eligible”).

### How the Plan Works

The amount you specify is taken from your paycheck each month and deposited in your DepCare account.

After you have incurred eligible dependent care expenses, you submit a claim form and receipts for these expenses to UC HR/Benefits.

UC Benefits reimburses you from the funds in your DepCare account.

Your savings are strictly on taxes. DepCare funds are deducted from your paycheck on a tax-free basis—before federal, state, and Social Security (FICA) taxes are taken out. This reduces your taxable earnings and, therefore, the amount of taxes you pay. Your savings will depend on your particular tax situation.

### Eligible Expenses

Dependent care expenses must meet the requirements of Internal Revenue Code (IRC) §21 and §129 to be eligible for DepCare reimbursement.

Dependent care must be necessary so that you, or you and your spouse, can work or look for work (you must have work income during the year).

If care is provided in a day care center, the center must charge a fee. If the center cares for six or more children who are not residents, it must comply with all state and local licensing laws and applicable regulations.

Expenses must be incurred during the DepCare plan year (January 1 through December 31). If you enroll midyear, expenses incurred before your effective date are not eligible. Expenses incurred after your DepCare participation ends are also not eligible.

Please be aware that expenses submitted for reimbursement will be carefully evaluated against the IRC requirements for eligible and ineligible expenses. If your dependent care expenses are not clearly eligible according to the IRC, you will not be reimbursed for these expenses and you will be asked to submit additional information. In some cases, you may need a statement from your tax advisor that the expense in question is eligible for reimbursement.

For more details about eligible and ineligible expenses, see the *DepCare Summary Plan Description* and IRS Publication 503, *Child and Dependent Care Expenses*.

### Cost of Participation

You determine how much you want taken from your monthly paycheck(s), up to the lesser of:

- Your total earned income,
- Your spouse’s total earned income,

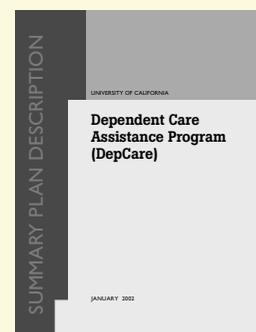
- \$5,000 per plan year (\$2,500 if you are married and filing a separate income tax return), or
- If your spouse is incapable of self-care or is a full-time student, you may claim up to \$2,400 for one dependent or \$4,800 if you claim two or more dependents.

If your spouse is also eligible to participate in UC’s or another employer’s dependent care assistance plan, your combined contributions should not exceed the above maximums.

Be sure to estimate your DepCare expenses carefully. **The IRS requires you to forfeit any unclaimed funds in your DepCare account after the closing date for the plan year.** The deadline for filing claims is generally April 15 of the following year. Forfeited funds are used to pay the cost of administering the DepCare program.

Any payment from DepCare reduces, dollar for dollar, the expenses eligible for the dependent care tax credit.

Please note that your savings will depend on your particular tax situation. You may save more money using the dependent care tax credit. See the *DepCare Summary Plan Description* for a general comparison of DepCare versus the federal tax credit.



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You should carefully consider your participation in this program in relation to your tax savings and the possible effect on your other benefits. DepCare contributions may also reduce your earnings for Social Security and unemployment benefits.

**If you need specific advice about how DepCare applies to your tax situation, please consult a tax advisor.**

## Who is Eligible

You are eligible to participate in DepCare if:

- You are an active employee appointed to work at least 50% time for one year or more, or 100% time for three months or more;
- You work 1,000 hours in a 12-month period; and
- If married, both you and your spouse must have earned income during the year unless your spouse is incapable of self-care or is a full-time student.

## Eligible Dependents

You may use your DepCare account to pay for eligible expenses for the following eligible family members:

- A child under age 13 in your custody whom you claim as a dependent on your tax return;

- A spouse who is physically or mentally incapable of self-care; and
- A family member who lives with you—such as a child over age 13, parent, sibling, or in-law—who is physically or mentally incapable of self-care, and whom you claim as a dependent on your tax return.

If care is provided outside the home for a spouse or a family member age 13 or older, either of whom is incapable of self-care, the spouse or family member must live in your home at least eight hours each day.

## Change in Participation

DepCare contributions can be changed only during Open Enrollment, or during an additional 31-day PIE caused by an eligible change in employment or family status. At all other times, IRC rules require that your DepCare contributions stay the same.

**If you do not make a change or cancel your DepCare contributions during Open Enrollment or during an additional PIE, the same contribution will automatically continue for the following year.**

## Participation Can End

Your monthly contributions continue only as long as you remain on active pay status. If you leave UC or otherwise cancel DepCare, your participation ends at the end of the pay period in which your last DepCare contribution is deducted from your paycheck. You may submit claims for eligible expenses incurred through the last day of the pay period for which a contribution was made. Expenses incurred after this date are not eligible.

If you want to cancel your DepCare contribution, IRC rules require you to do so during Open Enrollment or during an additional PIE caused by an eligible change in employment or family status. You may not cancel at any other time.

## For More Information

This is only an overview of the DepCare program. Be sure to review the *DepCare Reimbursement Factsheet* and *DepCare Summary Plan Description* (available on the UCbencom website and from your Benefits Office) for plan details and penalties. DepCare information and the reimbursement request form are also available on the UC HR/Benefits website (see page 5).

# Tax Savings on Insurance Premiums (TIP)

The Tax Savings on Insurance Premiums (TIP) program allows you to pay your health plan employee monthly cost—if any—on a pretax, salary reduction basis.

## How the Plan Works

If you enroll in a health plan that requires you to pay an employee monthly cost, you are automatically enrolled in TIP. Each month your taxable earnings are reduced by the amount of your premium.

Your savings are strictly on taxes. TIP funds are deducted from your paycheck on a tax-free basis—before federal, state, and Social Security (FICA) taxes are taken out. This reduces your taxable earnings and, therefore, the amount of taxes you pay. Your savings will depend on your particular tax situation.

## Cost of Participation

You should carefully consider your participation in this program in relation to your tax savings and the possible effect on your other benefits. TIP contributions may also reduce your earnings for Social Security and unemployment benefits. **Please consult a tax advisor about how TIP applies to your particular tax situation.**

## Who Is Eligible

You are eligible to participate if you are an active employee appointed to work at least 43.75% time and are enrolled in a UC-sponsored health plan requiring an employee contribution.

In addition to any cost for yourself, you may pay the health plan monthly costs through TIP for these eligible family members:

- Legal spouse
- Adult dependent relative
- Natural or adopted child
- Stepchild
- Legal ward
- Other child
- Disabled child
- Grandchild

If you enroll a same-sex domestic partner and/or your partner's child or grandchild, currently their health plan monthly costs (if any) will not be paid through TIP. These costs will be deducted from your paycheck on an after-tax basis, while the monthly cost for you and other eligible family members will continue to be paid through TIP. For more information regarding taxability of benefits for your partner and/or your partner's child or grandchild, see the *Imputed Income and Taxes Factsheet for Employees and Annuitants*.

## Change in Participation

TIP salary reductions can be changed only during your PIE, during Open Enrollment, or during an additional PIE caused by an eligible change in employment or family status as set

forth in the Internal Revenue Code (IRC). If you are participating in TIP and make a change to your health plan due to an eligible change in employment or family status, your TIP amount will adjust automatically. At all other times, IRC rules require that your TIP salary reduction amount stay the same despite increases or decreases in your net premiums.

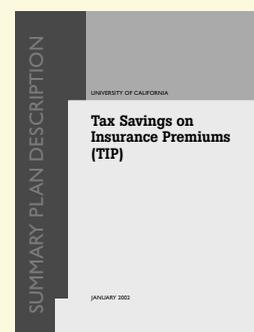
## Participation Can End

If you want to cancel your TIP participation, IRC rules require you to do so during your PIE, during Open Enrollment, or during an additional PIE caused by an eligible change in employment or family status. If you cancel at any other time, penalties may apply.

TIP participation ends if certain employment actions occur. For example, if you go on leave without pay or reduce your appointment rate, your participation in TIP automatically ends.

## For More Information

This is only an overview of the TIP program. Be sure to review the *Tax Savings on Insurance Premiums (TIP) Summary Plan Description* (available on the UCbencom website under "Health and Welfare" and from your Benefits Office) for plan details.



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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, annuitants, 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 Mattie Williams, University of California Office of the President, 300 Lakeside Drive, Oakland, CA 94612 and for faculty to Executive Director Sheila O'Rourke, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

Website address: [www.ucop.edu/bencom](http://www.ucop.edu/bencom)



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