New Employee Benefits Orientation
<table>
<thead>
<tr>
<th>Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Welcome Folder</td>
</tr>
<tr>
<td>• Eligibility</td>
</tr>
<tr>
<td>• Enrollment</td>
</tr>
<tr>
<td>• Health and Welfare Plans</td>
</tr>
<tr>
<td>• Retirement and Savings Plans</td>
</tr>
</tbody>
</table>
Benefits Eligibility

- Full Benefits
  - Career employees working 50 percent time or more and a member of the UC Retirement Plan
  - Work sufficient hours in a 12 month period (i.e., 1,000 hours)

- Mid-Level
  - Employees in “limited” appointments; generally hired at 50 percent time or more for a year or more but not a UC Retirement Plan member
Benefits Eligibility continued

› Core
  › At least 43.75% not eligible for full or mid-level

› Per Diem employees
  › Not eligible for health and welfare benefits

› No duplicate UC coverage
  › Applies to all insurance plans
Enrollment
Period of Initial Eligibility (PIE)

- 31 calendar days from:
  - Date of hire/change in appointment
  - Date of birth, marriage, or adoption
  - Involuntary loss of other group coverage

- Some benefits are only available during your PIE
  (requires Statement of Health after 31 days)
  - Supplemental Life/Dependent Life
  - Supplemental Disability
Usually held in the fall (November), Open Enrollment (OE) is your annual opportunity to make changes to your benefits including:

- Changing, enrolling in, cancelling, or opting out of UC-sponsored medical, dental, and vision plans
- Adding or de-enrolling eligible family members
- Enrolling or re-enrolling in Health and/or Dependent Care FSA
- Not all plans may be available during OE
- Changes made during OE are effective on January 1 of the following year
Eligible Family Member

- Legal spouse
- Domestic partner
  - Same sex or opposite sex – opposite sex, must be age 62 or older and eligible to receive Social Security based on age
- Natural or adopted child (under 26)
- Stepchild, grandchild, or step-grandchild (under 26)
- Domestic partner’s child or grandchild (under 26)
- Legal ward (under 18)
- Disabled child (age 26 or older) – must be approved before age 26 or by the carrier during the PIE for newly eligible employees
**Imputed Income**

- You are subject to imputed income if *your* domestic partner is not your tax dependent or registered with the State of California.

- If you enroll *your* domestic partner and/or partner’s child(ren) or grandchild(ren), the additional UC contribution is subject imputed income.
Qualifying Events

- Life events allow you to make a mid-year change to your coverage

- The following are considered life events:
  - Marriage
  - Divorce
  - Legal Separation
  - Birth
  - Establishing or ending a domestic partnership
  - Adoption of a child
  - Annulment
  - Death of an eligible family member

- Family members lose eligibility when:
  - Child reaches age 26
  - Legal ward reaches age 18

- You have 31 days from the date of the life event to make any changes
When Coverage Begins

- When will I receive my ID card?
  - Usually within 3 – 4 weeks of online enrollment
  - UPAY 850 Form: 6 – 8 weeks
  - ID cards are necessary for medical plans only
  - No ID cards are necessary for dental and vision plans

- To expedite your UC-sponsored health plan eligibility, please visit: [http://hr.ucr.edu/benefits/eligibility.html](http://hr.ucr.edu/benefits/eligibility.html)
Your Responsibility

- Check eligibility requirements before enrolling a family member
- Secova will request documents to verify family member eligibility during annual audit

Failure to provide documentation may lead to de-enrollment of all family members for 12 months.
# How To Enroll

http://ucnet.universityofcalifornia.edu/

<table>
<thead>
<tr>
<th>New Employees</th>
<th>Rehired and/or Newly Eligible Current Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Username</strong></td>
<td>• Change in appointment status</td>
</tr>
<tr>
<td>• Social Security Number (no</td>
<td>• e.g., Change of BELI Status</td>
</tr>
<tr>
<td>dashes)</td>
<td>• Use existing Username &amp; Password</td>
</tr>
<tr>
<td>• For example: 123456789</td>
<td></td>
</tr>
<tr>
<td><strong>Password</strong></td>
<td></td>
</tr>
<tr>
<td>• Date of Birth (mmddyyyy)</td>
<td></td>
</tr>
<tr>
<td>• For example: 01011942</td>
<td></td>
</tr>
</tbody>
</table>
Click on AYS Online to enroll
Click on New to UC

Usage Tips:

- Best viewed with Microsoft Internet Explorer 8.0, Mozilla Firefox, and Safari for the Mac.
- Chrome is not a supported browser.
- Do not use your browser’s Back button.
- For confidentiality, always Log Off and close your browser when you have finished your online session.

Sign In

Username: 
Password: 

New to UC and have a temporary password? 
New User and don’t have a password? 
Forgot your Username or Password?
Sign In - Identify Yourself

For a limited time, you will be able to sign in with your Social Security number. Please enter your Social Security number and password below.

Social Security number: [ ]

Password: MMDDYYYY

Forgot your Password?

Enter your Date of Birth as password
Welcome to UCnet

UCnet is a new systemwide website for UC faculty, staff and retirees, providing news, information about benefits and policies and access to a wealth of tools and resources. Learn more about UCnet.

Click on New Employee

Discounts available on UC Online classes

Tuesday, February 18, 2014

Nine new UC Online Education classes will be open for enrollment on March 3, and UC faculty, staff and their families are eligible for a 33 percent discount on tuition.

UC Living Well welcomes Optum Wellness Specialists

Wednesday, February 19, 2014

UCPath to launch initially at UCOP by year end

Thursday, February 20, 2014

More News »

Having a Baby?

Wondering what you need to do to be sure you're set to leave your job, get benefits coverage for the new bundle of joy, and return to work worry-free? We've got it covered.

More News »

UC in the News

UC Report: George Kifor talks tuition

Working at UC

UCnet Announces New "In the News " Series

UCnet is pleased to announce a new...
Health & Welfare Plans
UC Health and Welfare Plans

UC offers:

- HMO plans (2)
- PPO plans (3)

Availability determined by zip code (applies to HMO plans)
Comparing Medical Plans

Cost

- You and UC pay the premiums for most plans
- Your medical plan’s monthly cost depends on:
  - The plan you choose
  - Whether you choose to cover only yourself or yourself and other family members
  - Your annual full-time equivalent salary
HMO Plans

- Health Maintenance Organization (HMO)
  - Primary Care Physician (PCP) coordinates all care
  - Availability determined by zip code
  - PCP must be within a 30-mile radius from home/work/school
  - Emergency coverage only outside of state and country
HMO Options

- Health Net Blue & Gold HMO
  - Offers a tailored network of medical groups, doctors and hospitals, but also includes all of UC’s medical centers and medical groups

- Kaiser
  - A closed network, meaning you may only use Kaiser doctors and hospitals
Kaiser Permanente

- No deductible
- Annual out-of-pocket maximum
  - $1,500 per person / $3,000 for family
- Office visits / urgent care
  - $20 copay
  - No charge for preventive care
- Emergency room
  - $75 copay
- Hospital stay
  - $250 copay / admission
- Prescription drugs
  - $5 generic / $25 brand name
- Chiropractic / acupuncture care
  - $15 copay, 24 visits per person/year combined, self-refer to American Specialty
Health Net Blue & Gold

- No deductible

- Annual out-of-pocket maximum
  - $1,000 member / $3,000 family (3 persons or more)

- Office visits / urgent care
  - $20 copay
  - No charge for preventive care

- Emergency room
  - $75 copay

- Hospital stay
  - $250 copay / stay

- Prescription drugs
  - $5 generic / $25 brand name / $40 non-formulary

- Chiropractic / acupuncture care
  - $20 copay, 24 visits per person/year combined, self-refer to American Specialty
Health Net Blue & Gold, or Kaiser

**Advantages**

- Lower monthly premiums
- Low, predictable out-of-pocket costs
- No claim forms
- No deductibles/coinsurance
- No annual or lifetime benefit maximums

**Disadvantages**

- Must select PCP from the network of medical groups
- PCP must be within a 30-mile radius from home, work or school
- Must use your medical group’s network of specialists/hospitals/labs
- Emergency coverage only when traveling outside of California and the country
Behavioral Health Benefits for HMOs

<table>
<thead>
<tr>
<th>Plan</th>
<th>Optum Network Providers</th>
<th>Kaiser Providers</th>
<th>Out-of-network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Net Blue &amp; Gold</td>
<td>• $20 Office copay/visit <em>(first 3 – no copay)</em>&lt;br&gt;• $250 inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser</td>
<td>• $20 Office copay/visit <em>(first 3 – no copay)</em>&lt;br&gt;• $250 inpatient&lt;br&gt;• $10 group&lt;br&gt;• $20 individual copay visit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Prior authorization required for “non-routine” treatments such as outpatient therapy sessions longer than 50 minutes
PPO Plans

- Preferred Provider Organization (PPO)
  - PPOs offer a broad network of providers and allow you to see non-network providers if you wish
  - A referral is not needed to see your primary care physician or specialist
  - Expect to pay more if you use out of network providers
PPO Options

- UC Care PPO
  (administered by Blue Shield of CA)
- Blue Shield Health Savings PPO
- Core Medical
  (administered by Blue Shield of CA)
## UC Care Coverage

<table>
<thead>
<tr>
<th></th>
<th>UC Select</th>
<th>Blue Shield Preferred</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>No deductible</td>
<td>$250 Individual / $750 Family</td>
<td>$550 Individual / $1,500 Family</td>
</tr>
<tr>
<td><strong>Annual out-of-pocket maximum</strong></td>
<td>$1,500 Individual / $4,500 Family</td>
<td>$3,000 Individual / $9,000 Family</td>
<td>$5,000 Individual / $15,000 Family</td>
</tr>
<tr>
<td><strong>Member copayment / coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician office visit</td>
<td>$20</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$20</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Preventive Health Benefits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive health benefits</td>
<td>No charge</td>
<td>No charge (not subject to annual deductible)</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Pregnancy and maternity benefits</td>
<td>$20 per visit, initial visit only</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient X-ray, pathology and laboratory</td>
<td>$20 per visit</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Hospital Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient surgery in hospital</td>
<td>$100 per surgery (deductible does not apply)</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient surgery performed at an Ambulatory Surgical Center</td>
<td>$100 per visit</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Inpatient non-emergency facility services</td>
<td>$250 per admission</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Emergency Health Coverage</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER facility services (not resulting in an admission)</td>
<td>$200</td>
<td>$200 (not subject to the deductible)</td>
<td>$200 (not subject to the deductible)</td>
</tr>
<tr>
<td>ER facility services (resulting in an admission)</td>
<td>$250</td>
<td>$250 (not subject to the deductible)</td>
<td>$250 (not subject to the deductible)</td>
</tr>
<tr>
<td>ER physician Services</td>
<td>No charge</td>
<td>No charge (not subject to the deductible)</td>
<td>No change (not subject to the deductible)</td>
</tr>
</tbody>
</table>
### UC Care Prescription Drug Costs

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Member Copayment Per Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UC Pharmacy &amp; Participating Pharmacies</td>
</tr>
<tr>
<td>Annual deductible</td>
<td>None</td>
</tr>
<tr>
<td>Pharmacy out-of-pocket maximum</td>
<td>$3,600 Individual / $4,200 Family</td>
</tr>
<tr>
<td>Retail Subscriptions (up to a 30 day supply)</td>
<td></td>
</tr>
<tr>
<td>Contraceptive drugs and devices</td>
<td>$0</td>
</tr>
<tr>
<td>Formulary generic drugs</td>
<td>$5</td>
</tr>
<tr>
<td>Formulary brand name drugs</td>
<td>$25</td>
</tr>
<tr>
<td>Non-formulary brand name drugs</td>
<td>$40</td>
</tr>
<tr>
<td>Maintenance Drug Program (up to a 90 day supply; available at select UC Pharmacies and specified retail pharmacies)</td>
<td></td>
</tr>
<tr>
<td>Contraceptive drugs and devices</td>
<td>$0</td>
</tr>
<tr>
<td>Formulary generic drugs</td>
<td>$10</td>
</tr>
<tr>
<td>Formulary brand name drugs</td>
<td>$50</td>
</tr>
<tr>
<td>Non-formulary brand name drugs</td>
<td>$80</td>
</tr>
<tr>
<td>Specialty Drug Program (up to a 30-day supply)</td>
<td></td>
</tr>
<tr>
<td>Specialty drugs</td>
<td>30% (up to $150 out-of-pocket maximum per prescription)</td>
</tr>
<tr>
<td>Mail Service Program (up to a 90-day supply only through Blue Shield)</td>
<td></td>
</tr>
<tr>
<td>Contraceptive drugs and devices</td>
<td>$0</td>
</tr>
<tr>
<td>Formulary generic drugs</td>
<td>$10</td>
</tr>
<tr>
<td>Formulary brand name drugs</td>
<td>$50</td>
</tr>
<tr>
<td>Non-formulary brand name drugs</td>
<td>$80</td>
</tr>
<tr>
<td>Member copayment/coinsurance</td>
<td></td>
</tr>
<tr>
<td>Smoking Cessation—over-the-counter drugs (prescription required)</td>
<td>No charge</td>
</tr>
<tr>
<td>Smoking Cessation—prescription drugs (prescription required)</td>
<td>No charge</td>
</tr>
<tr>
<td>Diabetic supplies (excluding syringes, needles, and non-formulary test strips)</td>
<td>No charge</td>
</tr>
</tbody>
</table>
UC Care

Advantages

- Care from UC Select providers offer low copays
- PCP not required, you may self-refer to medical providers
- Large, national preferred provider network
- Out-of-network/world-wide coverage

Disadvantages

- Acupuncture/chiropractic visits limited to 24 visits combined
- Specialty drugs have especially high copays
Blue Shield Health Savings PPO

- Low premium, high deductible PPO with a HSA (Health Savings Account)
- HSA partially funded by UC
- Pay for medical expenses with HSA “smart card”
- UC contributes toward the HSA
  - $500 for employee
  - $1,000 for employee + dependents
- HSA has triple tax advantage:
  - Pay no taxes on contributions/earnings/withdrawals for health care expenses
  - There is no “use it or lose it” policy like Health FSA
Blue Shield Health Savings PPO

<table>
<thead>
<tr>
<th>Self Only Coverage</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC contributes $500 to the HSA / Self + Dependents Coverage UC contributes $1,000 to the HSA</td>
<td>$1,300 individual / $2,600 family</td>
<td>$2,500 individual / $5,000 family</td>
</tr>
<tr>
<td>1. Annual Deductible</td>
<td>20%</td>
<td>40% + balance</td>
</tr>
<tr>
<td>2. Coinsurance</td>
<td>$4,000 individual / $6,400 family</td>
<td>$8,000 + balance individual / $16,000 + balance family</td>
</tr>
<tr>
<td>3. Annual Out-of-Pocket Limit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Blue Shield HSA

**Advantages**
- Lower monthly premiums
- Tax advantaged HSA funded by UC
  - Members can contribute additional pretax amounts
- Unused HSA dollars roll to next year; can be used as retirement money at age 65

**Disadvantages**
- Disqualifying circumstances:
  - Incompatible with Health FSA
  - Consult with a financial advisor before choosing this plan
- Acupuncture/chiropractic visits limited to 24 visits combined
Core Medical – Fee for Service

- Custom plan for UC
- No cost for preventative care
- You pay full cost until you reach the $3,000 annual deductible per individual, then you pay 20%
- Your cost for prescription drugs is 20%
- Drug expenses apply toward your annual deductible/out-of-pocket limit
- Premium paid in full by UC
- You select Blue Shield PPO providers or non-Blue Shield providers
Behavioral Health Benefits for PPOs

<table>
<thead>
<tr>
<th>Plan</th>
<th>Optum Network Providers</th>
<th>Blue Shield Preferred</th>
<th>Out-of-network Providers*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>—</td>
<td>• 20% after deductible</td>
<td>• 20% after deductible</td>
</tr>
<tr>
<td>UC Care</td>
<td>• $20 copay/visit (first 3 no copay)</td>
<td>—</td>
<td>• 50% after deductible (Optum***)</td>
</tr>
<tr>
<td>Health Savings PPO</td>
<td>• 20% after deductible</td>
<td>—</td>
<td>• 40% after deductible (Optum***)</td>
</tr>
</tbody>
</table>

* The plans will cover non-preferred providers based on allowed amount, not billed charges; member pays balance.

**Call plan to find out about prior authorization requirements for outpatient services. Prior authorization required for non-standard services.
Behavioral Health Benefits

- Benefits provided by Optum (United Behavioral Health)
- Contact Optum directly for a list of behavioral health providers:
  - Phone: (888) 440-8225
  - Website: [http://www.liveandworkwell.com](http://www.liveandworkwell.com)
    - Access code: 11280
- Prior authorization is required for “non-routine” treatments
  - Outpatient therapy sessions longer that 50 minutes
Dental Insurance Plans

*Premium paid in full by UC – choice of two plans:*

<table>
<thead>
<tr>
<th>Delta Dental PPO</th>
<th>DeltaCare USA (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worldwide coverage</td>
<td></td>
</tr>
<tr>
<td>Preventative dentistry covered at 100%</td>
<td></td>
</tr>
<tr>
<td>Basic dentistry covered 75% to 80%</td>
<td></td>
</tr>
<tr>
<td>Plan pays up to $1,700 annual maximum benefit (PPO dentists)</td>
<td>Must use DeltaCare HMO dental group</td>
</tr>
<tr>
<td>Two networks of dentists</td>
<td>No annual deductible</td>
</tr>
<tr>
<td>Delta PPO – lower out-of-pocket costs</td>
<td>Preventative dentistry covered 100%</td>
</tr>
<tr>
<td>Delta Premier – $1,500 annual maximum benefits</td>
<td>Co-payments for basic dentistry</td>
</tr>
<tr>
<td></td>
<td>Additional fees for upgrades on materials</td>
</tr>
<tr>
<td></td>
<td>No annual maximum benefits</td>
</tr>
<tr>
<td></td>
<td>You must live in California to enroll</td>
</tr>
</tbody>
</table>
Vision Service Plan (VSP)

› Covers routine vision care
  › Exam every year
  › Lenses every year
  › Frames every other year ($130 allowance) or contact lenses every year (limited benefit)

› Select VSP doctor for lower costs

› Limited reimbursements for non-VSP doctors

› Premium paid in full by UC
Other Insurance Benefits

› Disability
› Life
› Accidental Death and Dismemberment
› Legal
› Flexible Spending Accounts
Disability Insurance

› Coverage through Liberty Mutual

› Short-Term Disability
  › Employer-paid
  › Short-term benefits only

› Supplemental Disability
  › Voluntary / employee-paid
  › Short-term supplement and long-term benefits

› Monthly premiums based on age, waiting period, and full-time monthly salary

› No State Disability Insurance (SDI) coverage

› Disability Qualifications
  › Unable to perform any of your job duties
  › Under doctor's direct and continuous care
Short-Term Disability

- Enrollment is automatic
- Paid by UC
- 7-day waiting period
  - Prior to receiving disability payment, you must use up to 22 working days of available sick leave
- Non-work related injury only
- Covers pregnancy
- After the waiting period, the plan pays 55% of salary up to a maximum of $800 per month for a maximum of six months
- Does not include long-term coverage
Supplemental Disability

- Enroll during PIE or with a Statement of Health
- Choice of 7-, 30-, 90-, or 180-day waiting period (you may increase the waiting period at any time)
- Prior to receiving any disability payment, you must use up to 22 working days of available sick leave
- Covers partial as well as total disability
- Covers work related and non-work related illness or injury (including pregnancy)
- Benefits equal 70% of salary up to a maximum of $15,000 (monthly) for 12 months
- Disability payments may be offset by other income
Life Insurance

› UC Paid Basic Life Insurance
  › Coverage equal to one times actual annual base salary up to $50,000
  › Mid-level and Core Benefits offers a flat $5,000 policy

› Supplemental Life
  › Employee paid
  › Premium based on age and full-time annual salary
  › There are several coverage levels to choose from:
    › Flat amount of $20,000
    › 1, 2, 3, or 4 times your full-time annual base salary (up to $1 million)
Life Insurance continued

› Dependent Life Insurance
  › Employee paid
  › Basic Dependent Life
    › $5,000 each for spouse or domestic partner and eligible children
  › Expanded Dependent Life
    › Spouse or domestic partner covered at 50% of Supplemental Life up to $200,000 maximum
    › Eligible children covered at $10,000 each

› Remember to designate beneficiaries

› Enroll in supplemental and/or dependent life during PIE (requires Statement of Health outside PIE)
Accidental Death & Dismemberment

- AD&D Benefits
  - Coverage levels from $10,000 to $500,000
  - There are three levels of coverage:
    - Employee-only
    - Family (spouse or domestic partner and children)
    - Modified family (employee and children)
  - Coverage is effective the day you enroll
  - You can enroll, change, or cancel at any time
  - Your cost depends on the level of coverage and coverage amount you choose
Premium Calculator

Date of Birth (mm/dd/yyyy)

Where you hired before July 1, 2013?
- Yes  - No

Full-Time Annual Salary

Calculate

Use your full-time covered salary, even if you work part-time. Do not include overtime, agreement payments, compensation for extension teaching, summer salary (academics only), health sciences compensation, etc.
## Premium Calculator

### Calculated Disability & Life Insurance Premiums

<table>
<thead>
<tr>
<th>DOB</th>
<th>Age</th>
<th>Full-Time Annual Salary</th>
<th>Monthly Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/1980</td>
<td>33</td>
<td>$40,000</td>
<td>$3,333</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplemental Disability</th>
<th>Monthly Covered Salary $3,333</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting Period</td>
<td>Premium</td>
</tr>
<tr>
<td>7 days</td>
<td>$29.33</td>
</tr>
<tr>
<td>30 days</td>
<td>$10.67</td>
</tr>
<tr>
<td>90 days</td>
<td>$9.33</td>
</tr>
<tr>
<td>180 days</td>
<td>$3.67</td>
</tr>
</tbody>
</table>

### Supplemental Life

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Premium</th>
<th>Coverage</th>
<th>Premium</th>
<th>Premium</th>
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<td>$0.52</td>
<td>$10,000</td>
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<tr>
<td>1x = $40,000</td>
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</tbody>
</table>

### Supplemental Dependent Life

- **Expanded**
  - Employee Only
  - Spouse/Domestic Partner
  - Children

- **Basic**
  - Provides coverage for dependents if you do not choose an employee-paid option.
ARAG Legal Plan

Coverage includes:
- Telephone legal advice
- Document preparation
- Document review
- Standard wills
- Major trial representation, up to and including four days
- Reduced fees for non-covered matters
- Expanded identity theft protection

Must enroll during your PIE

Your monthly cost depends on whether you choose individual or family coverage

You can cancel at any time

If you cancel, you cannot re-enroll until Open Enrollment (if available)
Health Flexible Spending Account

Health FSA Benefits

- Annual minimum contribution – $180 to a maximum of $2,500
- Pay for eligible health care expenses (medical, dental, vision) on a pretax basis
- Carryover up to $500 from unused 2016 funds
- Over the counter medications require the following:
  - Prescription from your physician
  - Itemized cash register receipt with name of medication and purchase date
  - Must submit paper claim
  - Spending account card will not work for over the counter drugs
- Not covered: premiums and elective services like cosmetic surgery
# Health FSA Carryover

<table>
<thead>
<tr>
<th></th>
<th>Plan Year 2016</th>
<th>Plan Year 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last day to incur expenses for plan year</td>
<td>December 31, 2016</td>
<td>December 31, 2017</td>
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<tr>
<td>“Run-out” Period (manual)</td>
<td>April 15, 2017</td>
<td>April 15, 2018</td>
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<tr>
<td>Grace Period</td>
<td>n/a</td>
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</table>
| Carryover                      | • Balance of carryover is applied after all 2016 activity has been processed (around May 1, 2017)  
  • Any unused funds up to $500 not submitted for reimbursement during the “run-out” period will be moved over to the next plan year  
  • Any amount in excess of $500 is forfeited | • Balance of carryover is applied after all 2017 activity |
Dependent Care Flexible Spending Account

- **Dependent Care FSA**
  - Annual minimum contribution is $180 to a maximum of $5,000 ($2,500 if you are married filing a separate income tax return)
  - Pay for eligible expenses of child care or adult dependent care
  - Eligible expenses must be for the following eligible family members:
    - Child under age 13 whom you claim as a dependent
    - Legal spouse who is physically or mentally incapable of self-care
    - Tax dependent living with you and is physically or mentally incapable of self-care
Dependent Care FSA

Plan start date: Dec. 31, Mar. 15, April 15

Plan year + grace period, 1 month claim period

- Expenses must be incurred during the plan year + grace period
- You must re-enroll during open enrollment to participate in the following year
- Deadline to submit claims to CONEXIS is April 15, 2017
- Estimate carefully – “Use it or lose it”
Health & Welfare Plan Reminders

Reminders:
- Enroll during PIE (31 days)
- Research plans and doctors
- Gather all required documentation for enrollment and verification process

Things to sign up for during PIE:
- Medical, dental, vision
- Supplemental disability
- Supplemental and dependent life insurance
- Health and Dependent Care FSA
- Legal

After you enroll
- Check your earnings statement on AYSO
- Make sure enrollments and deductions are correct
UC Retirement Plan (UCRP)

- Defined benefit plan – retirement is based on a formula
  - Age at retirement
  - UCRP service credit
  - Salary (highest 36 month average)
- Vesting = 5 years
- Minimum retirement age = 55
- Enrollment is automatic and mandatory for career employees
- Coordination with Social Security
- Employees hired after July 1, 2013 contribute 7%
  - Employees hired before July 1, 2013 contribute 8%
  - All subject to collective bargaining
Retirement Benefits

› Death Benefits
  › One-time payment of $7,500 paid to employee’s beneficiary

› Preretirement Survivor Income
  › Monthly income for eligible survivor(s) of an active member who dies with at least two years of UCRP service credit
  › Benefit based on member’s appointment and UCRP membership status

› Death While Eligible to Retire
  › Lifetime retirement benefit may be payable to surviving spouse or domestic partner

› Disability Benefits
  › UCRP provides disability income benefits to employees with five or more years of service
  › UCRP disability benefits coordinate with UC’s short-term and supplemental disability plans
Eligibility for Retiree Health

- UCRP members hired on or after July 1, 2013 are eligible to enroll (and pay full premium) provided you are 50 or older and have at least 10 years of service credit at retirement.
- Example: at age 60 with 15 years of service, a retiree is eligible for 37.5% of the maximum available University contribution towards health plan premiums.

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<th>Years of Service at Retirement</th>
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<th>56</th>
<th>57</th>
<th>58</th>
<th>59</th>
<th>60</th>
<th>61</th>
<th>62</th>
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</table>
Reciprocity

- UCRP has a reciprocal agreement with CalPERS and CalSTRS
- CalPERS service credit will count toward the total service credit you need to become vested in UCRP
- It is the employee’s responsibility to establish reciprocity
- Fact sheets are located in the At Your Service website under *Forms and Publications*
UC Retirement Savings Programs

- Administered by Fidelity
  - Defined Contribution Plan
  - Tax-Deferred 403(b) Plan
  - 457(b) Deferred Compensation Plan
Defined Contribution Plan (DCP)

- Safe Harbor for mid-level, Core, and Per Diem benefits eligibility
  - DCP pretax account
    - Contributions reduce taxable income
  - DCP after-tax account
    - Voluntary contributions
    - Contributions do not reduce taxable income
Tax-Deferred 403(b) & 457(b) Deferred Compensation Plans

- Voluntary contributions
- Contributions reduce taxable income
- Contributions may be changed monthly
- Loan program available on 403(b) plan only
- No penalties on distributions, regardless of age on 457(b) plan only
- IRS limits maximum annual contributions
- Various investment options
Rollovers

- DC Plan, 403(b) and 457(b) plans may accept rollovers of pretax funds from the following plans:
  - 401(a),
  - 401(k),
  - 403(b),
  - KEOGH,
  - IRA’s,
  - After-tax employer plans, and
  - Governmental 457 plans.
Contact Fidelity to:

- Enroll or change contributions
- Check account balances
- Request a loan from 403(b)
- Rollover balances from another plan
- Designate a beneficiary
- Website: [http://netbenefits.com](http://netbenefits.com)
- Phone: (866) 682-7787
- For information on Savings Program classes offered by Fidelity, please call (800) 642-7131 or visit: [http://dev.ucnet.universityofcalifornia.edu/compensation-and-benefits/retirement-benefits/ucrs/index.html](http://dev.ucnet.universityofcalifornia.edu/compensation-and-benefits/retirement-benefits/ucrs/index.html)
Additional Retirement Information

- Contact the Retirement Administrative Service Center (RASC) for any questions related to the UC Retirement Plan (UCRP)
  - Do not contact RASC with questions related to the UC Savings plans (Fidelity)
  - RASC phone number: (800) 888-8267 or
  - Visit: https://contactrasc.universityofcalifornia.edu/contacts/csform.html
More Retirement Benefits information
Benefits Office Contacts

› Veronica Luna, Benefits Analyst
› Alisha French, Benefits Analyst

Office Hours / Contact

› Monday – Friday / 8:00 a.m. – 5:00 p.m.
› Phone: (951) 827-4766
› Email: benefits@ucr.edu