NEW EMPLOYEE BENEFITS ORIENTATION

For employees with FULL H&W BENEFITS and PRIMARY RETIREMENT BENEFITS

UNIVERSITY OF CALIFORNIA

v.121418
What we’ll cover today

UC Benefit Programs
Eligibility
Enrollment deadlines
How to enroll
Additional resources
Welcome Kit
INTRODUCTION

NEW EMPLOYEE BENEFITS ORIENTATION

This guide will take you through the steps to enroll in your UC-sponsored benefits and help you make the right benefit choices for you and your family. You'll want to have A Complete Guide to Your UC Health and Welfare Benefits, the Retirement Benefits Decision Guide and A Complete Guide to Your UC Retirement Benefits, which are included in your Welcome Kit, available as a reference.

The summaries in this quick-reference guide explain the plans' provisions and the policies and rules that govern them. If a conflict exists between these summaries and the plan documents, the plan documents govern. The Plan Administration has the authority to interpret disputed provisions.

If you're represented by a union, your benefits are governed by your union's contract with UC and may be different than the benefits outlined here. Please see section 7 ("Collective Bargaining") for more information.

SET UP YOUR BENEFITS ACCOUNT

For easy access to all of your benefits accounts, go to U Can U net (u can u.net) and select your location from the dropdown.

UCPath
1. From the U Can U net homepage, click on "UCPath."
2. Sign in by using your network username and password.

AYSOS
1. From the U Can U net homepage, click on "AYSOS Online."
2. Select "New to UC and have a temporary password?"
3. Enter your Social Security number. Your temporary password is your birthdate in the format mm/dd/yy (without dashes or slashes), for example, if your date of birth is June 17, 1981, your temporary password is 06171981.

 resource

You also have a wealth of information at your fingertips to help you keep up with what's happening at UC and to answer any other questions you may have about working here.

UCnet, the systemwide website for UC faculty and staff, provides news and comprehensive information on benefits and policies.

See: secret.universityofcalifornia.edu

The offices listed below can answer your questions about working at UC.

Berkeley
Benefits: 510-664-9000, Option 3
Academic Personnel: 510-642-5626

Davis
Benefits: 530-752-1774
Academic Personnel: 530-752-2072

Davis Health
Benefits: 916-734-8099

Irvine
Benefits: 949-824-5210
Academic Personnel: 949-824-7175

Irvine Health
Benefits: 714-456-5736
Academic Personnel: 949-824-7481

Los Angeles
Benefits: 310-794-0830
Academic Personnel: 310-825-3841

Los Angeles Health
310-794-0500

Merced
Benefits: 209-355-7178
Academic Personnel: 209-228-7948

Riverside
Benefits: 951-827-4766
Academic Personnel: 951-827-2935

San Diego
Benefits: 858-534-2816
Academic Personnel: 858-534-0068

San Diego Health
Benefits: 619-543-3200

San Francisco
Benefits: 415-476-1400
Academic Personnel: 415-476-2888

San Francisco Health
Benefits: 415-333-4545

Santa Barbara
Benefits: 805-893-4589
Academic Personnel: 805-893-3445

Santa Cruz
Benefits: 831-459-2013
Academic Personnel: 831-459-4300

UC Office of the President
Benefits: 858-534-7284
Academic Personnel: 858-534-9497

Lawrence Berkeley National Lab
Benefits: 510-486-6403

Agriculture and Natural Resources
Benefits: 530-752-1774
Academic Personnel: 530-750-1354

ASUCLA
Benefits: 310-825-7055

Hastings College of the Law
Benefits: 415-565-4703

UC Retirement Administration
Service Center
800-888-8287
## Introduction

### Which medical plan is right for you?

- **University of California**

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### Full-time salary rate of $58,000 or less

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self</th>
<th>Self + Child(ren)</th>
<th>Self + Adult</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE (PPO)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Kaiser Permanente — CA (HMO)</td>
<td>$22.97</td>
<td>$41.38</td>
<td>$50.31</td>
<td>$68.66</td>
</tr>
<tr>
<td>UC Blue &amp; Gold HMO</td>
<td>$50.64</td>
<td>$91.15</td>
<td>$166.95</td>
<td>$207.46</td>
</tr>
<tr>
<td>UC Care (PPO)</td>
<td>$141.74</td>
<td>$255.13</td>
<td>$558.26</td>
<td>$471.85</td>
</tr>
<tr>
<td>UC Health Savings Plan (PPO)</td>
<td>$22.97</td>
<td>$41.38</td>
<td>$50.31</td>
<td>$68.66</td>
</tr>
</tbody>
</table>

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.

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### Full-time salary rate of $58,001 – $114,000

<table>
<thead>
<tr>
<th>Plan</th>
<th>Self</th>
<th>Self + Child(ren)</th>
<th>Self + Adult</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE (PPO)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Kaiser Permanente — CA (HMO)</td>
<td>$61.15</td>
<td>$110.07</td>
<td>$137.47</td>
<td>$186.37</td>
</tr>
<tr>
<td>UC Blue &amp; Gold HMO</td>
<td>$88.82</td>
<td>$159.87</td>
<td>$254.11</td>
<td>$325.17</td>
</tr>
<tr>
<td>UC Care (PPO)</td>
<td>$179.92</td>
<td>$323.85</td>
<td>$445.42</td>
<td>$89.36</td>
</tr>
<tr>
<td>UC Health Savings Plan (PPO)</td>
<td>$61.15</td>
<td>$110.07</td>
<td>$137.47</td>
<td>$186.37</td>
</tr>
</tbody>
</table>

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.

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### Medical Benefits Summary: 2020

#### (Non-Medicare)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Inpatient</th>
<th>Surgeon/Assistant Surgeon</th>
<th>Emergency Room</th>
<th>Ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Blue &amp; Gold HMO (HMO)</td>
<td>$250 cpayment per admittance</td>
<td>No charge</td>
<td>$75 (waived if admitted)</td>
<td>No charge</td>
</tr>
<tr>
<td>Kaiser—CA (HMO)</td>
<td>$250 cpayment per admittance</td>
<td>No charge</td>
<td>$75 (waived if admitted)</td>
<td>No charge</td>
</tr>
<tr>
<td>UC Care In-Network: UC Select (PPO)</td>
<td>$250 cpayment</td>
<td>No charge</td>
<td>Facility: $200 copay per visit not resulting in admission, $250 if admitted</td>
<td>N/A (services covered under Anthem Preferred)</td>
</tr>
<tr>
<td>UC Care In-Network: Anthem Preferred (PPO)</td>
<td>20%</td>
<td>20%</td>
<td>Facility: $200 copay per visit not resulting in admission, $250 if admitted</td>
<td>$200/trip (not subject to calendar year deductible)</td>
</tr>
<tr>
<td>UC Care Out-of-Network (PPO)</td>
<td>50% (non-preferred hospitals subject to maximum payment of $200/day)</td>
<td>50% (non-preferred hospitals subject to maximum payment of $200/day)</td>
<td>Facility: $200 copay per visit not resulting in admission, $250 if admitted</td>
<td>$200/trip (not subject to calendar year deductible)</td>
</tr>
<tr>
<td>UC Health Savings Plan In-Network (PPO)</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>UC Health Savings Plan Out-of-Network (PPO)</td>
<td>40% (out-of-network hospitals subject to maximum payment of $250/day)</td>
<td>40% (out-of-network hospitals subject to maximum payment of $250/day)</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>CORE (PPO)</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>UC Medical Plans</td>
<td>Your Monthly Premium</td>
<td>Your Costs for Services</td>
<td>Your Cost for Prescription Drugs: Generic/Brand/Non-formulary</td>
<td>Best Fit for People Who</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Core</strong></td>
<td>$0</td>
<td>*<strong>$3,000 deductible. Then you pay 20%</strong></td>
<td></td>
<td>• Want to pay no monthly premium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Except for certain preventive services, you pay the full cost until you reach the <strong>$3,000 deductible. Then you pay 20%</strong></td>
<td></td>
<td>• Want protection for catastrophic care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Are willing to risk incurring high out-of-pocket costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Want direct access to many providers without need for referrals</td>
</tr>
<tr>
<td><strong>UC Blue &amp; Gold HMO</strong></td>
<td>$5</td>
<td><strong>$0 deductible; you pay a copay for office visits and hospital stays; most other services have no charge.</strong></td>
<td>Retail (30-day supply) $5/$25/$80</td>
<td>• Want lower premium and cost per service</td>
</tr>
<tr>
<td>Must use custom network of providers, except in emergencies</td>
<td></td>
<td></td>
<td>Mail order (up to 90 days) $10/$50/$80</td>
<td>• Are comfortable with HMO model; primary care physician manages care; no out-of-network coverage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Are content with the selection of community providers</td>
</tr>
<tr>
<td><strong>Kaiser Permanente—CA</strong></td>
<td>$5</td>
<td><strong>$0 deductible; you pay a copay for office visits and hospital stays; most other services have no charge.</strong></td>
<td>Retail (30-day supply) $5/$25/NA</td>
<td>• Want lower premium and cost per service</td>
</tr>
<tr>
<td>Must use network providers, except in emergencies</td>
<td></td>
<td></td>
<td>Mail order (31–100 days) $10/$50/NA</td>
<td>• Are comfortable with getting medical care only within the Kaiser system</td>
</tr>
<tr>
<td><strong>UC Care</strong></td>
<td>$5/$5</td>
<td>UC Select Network providers: no deductible, and copay for office visits and hospital stays; Anthem Preferred providers: calendar year deductible and then 20% coinsurance; out-of-network: calendar year deductible and then 50% coinsurance.</td>
<td>Retail (30-day supply) $5/$25/$40</td>
<td>• Want direct access to many providers without a referral</td>
</tr>
<tr>
<td>May use most doctors without referral from a primary care physician; you pay copayment for UC Select Network providers; in-network providers cost less than out-of-network providers.</td>
<td></td>
<td></td>
<td>Mail order (up to 90 days) $10/$50/$80</td>
<td>• Want no deductible and fixed copay for using providers in the UC Select network</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Want coverage when you are traveling or living abroad</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• You and/or your family members live outside California</td>
</tr>
</tbody>
</table>
UC Benefits Offering

Health Benefits
— Medical, Dental, Vision
— Supplemental Health Plans

Welfare Benefits
— Disability, Life and Accident Insurance

Retirement Benefits

Other Plans
— Legal Services
— Family Care Resources
— Pet Insurance

Flexible Spending Accounts
Represented Employees

Terms of your benefits are subject to collective bargaining

Your premium or cost share may be different
Health and Welfare Benefits

- Your choice of Medical plans, including one plan with a Health Savings Account
- Supplemental Health Plans: Accident, Critical Illness, Hospital Indemnity
- Voluntary Short-term Disability
- Voluntary Long-term Disability
- Supplemental Life
- Accidental Death & Dismemberment
- Flexible Spending Accounts
- Legal
- Pet Insurance

Must enroll within 31 days

PROVIDED AT NO COST

- Dental
- Vision
- Basic Short-term Disability*
- Basic Life*
- Family Care Resources
- Business Travel Accident*

*automatically enrolled
What they have in common

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No exclusions for pre-existing conditions
Coverage of a broad range of medical services
Prescription drug coverage
Behavioral health coverage
High quality providers
In-network preventive care at no cost
Out-of-pocket maximums
Medical Plan Options

**HMO**
- UC Blue & Gold (administered by Health Net)
- Kaiser Permanente

- Not available in Merced or Santa Barbara counties

**PPO**
- UC Care
- UC Health Savings Plan
- CORE
## HMO vs. PPO – key considerations

<table>
<thead>
<tr>
<th></th>
<th>HMO</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider choice</strong></td>
<td>Must stay in network</td>
<td>Can receive care in or out-of-network</td>
</tr>
<tr>
<td></td>
<td>HMO network typically smaller than PPO network</td>
<td>Out-of-network services covered at lower level</td>
</tr>
<tr>
<td></td>
<td>CA only</td>
<td>U.S. and international</td>
</tr>
<tr>
<td><strong>Member out-of-pocket cost</strong></td>
<td>Fixed copay; no deductibles</td>
<td>Percent of charges (coinsurance); often after deductible</td>
</tr>
<tr>
<td><strong>Referral process</strong></td>
<td>Specialist referrals must be made by primary care physician</td>
<td>Can self-refer to specialist</td>
</tr>
</tbody>
</table>
Kaiser and UC Blue & Gold HMOs

In-network coverage only, except in emergencies

- Review the directory; no network access outside of CA

PCP coordinates your care and makes referrals

- UC Blue & Gold provider ID# requested during enrollment process

Pay fixed copay for Rx and other services
UC Care PPO

In-network

— **UC Select network:** Customized network of UC facilities and other high-quality, lower-cost providers. Available only in California.

— **Anthem Preferred network**

— **Blue Cross Blue Shield Global Core network** outside of CA and the U.S.

Out-of-network
# UC Care PPO

<table>
<thead>
<tr>
<th></th>
<th>UC SELECT</th>
<th>ANTHEM PREFERRED</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar-year deductible</strong></td>
<td>No deductible</td>
<td>$250 Single</td>
<td>$500 Single</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$750 Family</td>
<td>$1,500 Family</td>
</tr>
<tr>
<td><strong>Physician office visit, including specialists</strong></td>
<td>$20 copay</td>
<td>20% coinsurance after deductible</td>
<td>50% coinsurance after deductible*</td>
</tr>
<tr>
<td><strong>Outpatient surgery in hospital</strong></td>
<td>$100 copay</td>
<td>20% coinsurance after deductible</td>
<td>50% coinsurance after deductible*</td>
</tr>
<tr>
<td><strong>Inpatient facility services</strong></td>
<td>$250 copay</td>
<td>20% coinsurance after deductible</td>
<td>50% coinsurance after deductible*</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum (medical, behavioral health and pharmacy)</strong></td>
<td>$5,100 Single</td>
<td>$6,600 Single</td>
<td>$8,600 Single</td>
</tr>
<tr>
<td></td>
<td>$8,700 Family</td>
<td>$13,200 Family</td>
<td>$19,200 Family</td>
</tr>
</tbody>
</table>

*Plan pays 50% of allowable charges and member responsible for remaining balance*
UC Health Savings Plan

Combines a higher-deductible PPO with a health savings account to pay eligible out-of-pocket health care expenses

— Medical Coverage: Anthem PPO

— Health Savings Account: HealthEquity

In-network coverage

— Anthem Preferred network

— Blue Cross Blue Shield Global Core network outside of CA and U.S.

Out-of-network coverage
## UC Health Savings Plan

### NO MEDICARE/ NO GENERAL HEALTH FSA

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Single</td>
<td>$1,400</td>
<td>$2,550</td>
</tr>
<tr>
<td>- Family</td>
<td>$2,800</td>
<td>$5,100</td>
</tr>
<tr>
<td><strong>Member pays</strong></td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>(coinsurance after</td>
<td></td>
<td></td>
</tr>
<tr>
<td>deductible is met)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Single</td>
<td>$4,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>- Family</td>
<td>$6,400</td>
<td>$16,000</td>
</tr>
</tbody>
</table>

(includes deductible)
Health Savings Account (HSA) to pay expenses

Pro-rated in first year if hired after Jan 31

<table>
<thead>
<tr>
<th>CONTRIBUTION TYPES</th>
<th>INDIVIDUAL</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Contribution</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Employee Pre-tax (optional)</td>
<td>up to $3,550</td>
<td>up to $7,100</td>
</tr>
</tbody>
</table>

No use-it or lose it feature (Use it/ Save it / Invest it)

You own the account

Triple tax advantage

healthequity.com/ed/uc
CORE PPO

Higher deductible plan

$3,000 per person per year deductible

Medical and prescription drug charges apply to deductible

$6,350 out-of-pocket annual maximum

Pay majority of benefits at 20% after meeting deductible

In-network preventive care covered at no charge

No premium - must enroll to be covered
Behavioral Health

Mental health/substance abuse benefits provider depends on medical plan

- **UC BLUE & GOLD**: Must use MHN network providers
- **KAISER**: Can choose between Kaiser or Optum network providers
- **CORE, HEALTH SAVINGS PLAN, UC CARE**: Can use Anthem network providers or non-network providers at a lower coverage level
Medical Plan Cost – Salary Based

Salary bands for 2020

— $58,000 and under
— $58,001 – $114,000
— $114,001 – $171,000
— Over $171,001
Pretax Employee Premiums

Tax Savings on Insurance Premiums (TIP)

— Pay your health plan employee monthly cost (if any) on pretax, salary reduction basis

— Option to accept or decline during Period of Initial Eligibility or Open Enrollment
MORE HEALTH AND WELFARE BENEFITS
Dental, full premium paid by UC

**Delta Dental PPO**
- Worldwide coverage
- Pay less with a Delta Dental PPO provider
- $1,700 annual max benefit for PPO
  Network providers ($1,500 for Delta Premier or non-network dentists)

**Delta Care USA Plan**
- California residents only
- HMO with copays; no annual benefit max
- Must be Delta Dental HMO provider (limited network)

**Must enroll to be covered**
Vision Service Plan covers

— Exam
— Corrective lenses or contact lenses, once per calendar year
— Frames (every other year)
— Up to allowable amounts
— Deductibles, plan maximums may apply
— Discounted laser corrective surgery

Must enroll to be covered
Disability Insurance

Basic Short-Term Disability

— Automatic enrollment (paid by UC)
— Covers non-work related disabilities*
— Pays 55% of salary up to $800/month for six months
— UC does not participate in California State Disability Insurance (SDI)

* Includes pregnancy and childbirth

Voluntary Disability – Short-Term & Long-Term

— Employee-paid plans; premiums are based on age and salary
— Covers work- and non-work related illness or injury*
— Pays 60% of salary, up to $15,000/month
— Short-term has 14 day waiting period
— Long-term starts after six months
— Enrollment outside of PIE requires evidence of insurability
Consider voluntary disability now

— 30% of workers, ages 35–65, will become disabled for 90+ days at some point in their working lives

— Replaces a larger portion of your salary at a critical time — up to 60% of your salary, up to your Social Security retirement age

— This is the only time that you can enroll without providing evidence of insurability (will $800/month be enough for you?)

— UC does not participate in the CA State-Disability Insurance Program

— Pregnancy and childbirth is covered
Supplemental Health Plans

Coverage:
— Accident
— Critical Illness
— Hospital Indemnity

Who’s eligible: Employees eligible for full, mid-level or core benefits

Who’s covered: You and your eligible family members, depending on the coverage you select

Who pays the premium: You

Pays cash benefits directly to you if you have a covered accident, illness or hospitalization
## Basic Life Insurance

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>FULL BENEFIT LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Employee (UC paid)</td>
<td><strong>Basic</strong>: Your annual base salary up to $50,000</td>
</tr>
</tbody>
</table>
## Life and Accidental Death & Dismemberment Insurance

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>FULL BENEFIT LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Employee (UC paid)</td>
<td>Basic: Your annual base salary up to $50,000</td>
</tr>
<tr>
<td>Supplemental Employee</td>
<td>Flat amount of $20,000; or 1-4 x annual full-time equivalent base salary up to $250,000 / $1,000,000 max</td>
</tr>
<tr>
<td>Basic Dependent Life</td>
<td>$5,000 each for spouse/domestic partner, eligible children</td>
</tr>
<tr>
<td>Expanded Dependent Life</td>
<td>Spouse/DP covered at 50% of Supplemental Life up to $200,000 max</td>
</tr>
<tr>
<td></td>
<td>Eligible children covered at $10,000 each</td>
</tr>
<tr>
<td>AD&amp;D</td>
<td>Employee, Modified Family, Family</td>
</tr>
<tr>
<td></td>
<td>Coverage levels from $10,000 to $500,000</td>
</tr>
</tbody>
</table>

[ucal.us/premiumestimator]
Legal Services

ARAG Legal Insurance Plan

— Telephone Legal Advice
— Expanded Identity Theft Protection
— Document Preparation
— Document Review
— Follow-Up Calls/Correspondence
— Online Document Library
— Standard Wills
— Assistance With Tax Issues
— Family Law Matters
— Real Estate Issues
— Trust Services
— Online Law Guide
Pet Insurance

Nationwide Pet Insurance Benefits include:

— Veterinary care for injury & illness
— Preventive care / wellness option available
— Euthanasia, cremation and burial
— Pre-existing conditions are not covered
— Coverage is generally 90% of veterinary costs, after $250 deductible, up to $7,500/year
— Premiums will not increase based on pet’s age over time, no age exclusions for coverage
Flexible Spending Accounts

Health Care FSA
— Paying for qualified expenses on a pretax basis*
— Contribute up to $2,700 per year per employee; minimum contribution: $180 per year
— $500 carryover allowed; otherwise use it or lose it

Dependent Care FSA
— Pay for certain dependent care expenses on a pretax basis *
— Set aside up to $5,000 per year; $2,500 if married and filing taxes separately
— Use it or lose it after March 15 of following year (grace period)

* List of qualified expenses available on UCnet
UC supports its community in their pursuit of a healthy lifestyle. UC Living Well comprises activities and resources found across our locations to help faculty, staff and retirees reach their wellness goals.

Systemwide WellBeing

Campus and health

Stigma-Free UC: The Effects of Stigma on Public Health
Stigma-Free UC webinar: What is mental health awareness and what can we do better?
How to Build a Better Salad
The Systemwide WellBeing Initiative: Making UC a healthier place to work, learn and grow
UCLA takes on 'grand challenge' of ending depression
How to hardwire resilience into your brain

More Wellness News »

ucal.us/uclivingwell
Other benefits and programs

Bright Horizons Care Advantage

— Sittercity
— Years Ahead

Auto/Homeowner/Renter Insurance
Business Travel Accident Insurance
ScholarShare College Saving program
ELIGIBILITY AND ENROLLMENT
Who’s eligible?

**ADULTS**

Spouse

Domestic partner
(regardless of gender identification or whether registered with the state)

**CHILDREN**

Biological or adopted child

Stepchild, grandchild or step-grandchild

Domestic partner’s child or grandchild

Legal ward (under 18)

Overage disabled child
UC’s Definition of a Domestic Partnership (if not registered with the state)

1. Each Other’s Sole Domestic Partner in a Long-Term, Committed Relationship and Intended to Remain so Indefinitely
2. Neither Party Legally Married or a Partner in Another Domestic Partnership
3. Not Related to Each Other by Blood
4. Both Parties 18 Years Old and Capable of Consenting to the Relationship
5. Parties Financially Interdependent
6. Parties Share a Common Residence
No Duplicate Coverage

Coverage as an employee OR as dependent of employee/retiree

Family members may not be enrolled in more than one UC employee’s plan

Includes health, life and AD&D plans
Eligibility verification by UnifyHR

Eligibility and Enrollment

New Employee Benefits Orientation

Eligibility verification form for family member eligibility

UNIVERSITY OF CALIFORNIA

Important: You must complete, sign, date and submit this Verification Form for Family Member Eligibility along with the required documents for all family members you have identified to be eligible to enroll in Health and Welfare benefits for your family members.

Please check the appropriate box for each family member listed below to indicate eligibility for coverage. If you checked “Yes” for any family member(s), you must send the Verification Form along with all required documents by the deadline date to ensure the continuation of Health and Welfare benefits. This Verification Form submitted with missing information will be considered incomplete and will result in a delay in the verification process for your eligible family member(s). Refer to the enclosed "Definitions of Dependents and Documentation Required" for information on eligible family members and a detailed listing of acceptable documentation. If you use "No" for any family member(s) listed below and submit this Verification Form, those family member(s) will be disenrolled from your medical, dental, and vision benefits. It is your responsibility to disenroll them from any other benefits they are entitled to.

Family Member Name | Relationship | In Your Family Member Eligible for Coverage?
--- | --- | ---
SPOUSE UNLIG | Spouse | Yes | No
OLDEST UNLIG | Child | Yes | No
SECOND UNLIG | Child | Yes | No
YOUNGEST UNLIG | Child | Yes | No

Contact Information

Please provide an email address and telephone number at which you can be reached. This information will be used for the purpose of the Family Member Eligibility Verification only and will not be shared with Regents of the University of California.

Email: [Email Address]
Phone: [Phone Number]

Declaration: Signature and date are required below. Verification Forms submitted without a signature or date will be considered INCOMPLETE.

By signing this Verification Form, I attest that I have reviewed the University of California Definitions of Dependents and Documentation Required and that the information I am submitting is true and accurate. I understand that providing false or misleading information may result in termination of coverage for me and my family members for up to 12 months per Regents of the University of California Group Insurance Regulations.

Acknowledgement of Surviving Partner

Native Employee: I understand that if I have enrolled a domestic partner in medical, dental or vision benefits, upon successful completion of the Family Member Eligibility Verification process my domestic partner will be recognized by the UC Retirement Plan (UCRP) as my survivor, subject to additional eligibility requirements.

Non-UC Employee Receiving UCRP Disability Income: I understand that if I have enrolled a domestic partner in medical or dental benefits, upon successful completion of the Family Member Eligibility Verification process my domestic partner will be recognized by the UC Retirement Plan as my survivor, subject to additional eligibility requirements.

UC Retirement: I understand that domestic partners enrolled after retirement are not eligible for UCRP survivor benefits.

Member's Signature: [Signature]
Date: [Date]
When to enroll

### Period of Initial Eligibility (PIE)

31 calendar days from:

- First date of eligibility
- Date of hire / change in appointment
- Date of birth, marriage or adoption
- Involuntary loss of other group coverage

Opt-out (decline enrollment)

#### Default Plans

- If you take no action: Basic Life, Basic short term disability, BTA only

If you miss your PIE:

90-day delayed enrollment

- Medical only

With evidence of insurability

- Supplemental life / dependent life
- Voluntary short-term and long-term disability

Open enrollment is October - November

- Effective following January
How to enroll – UCPath locations (ucpath.universityofcalifornia.edu)

User name and Password are the same as your network sign-on
Security Verification

Please confirm your identity by answering the following security question.

Who is your childhood best friend?
ELIGIBILITY AND ENROLLMENT

NEW EMPLOYEE BENEFITS ORIENTATION

Social Security number

Birthdate: mmddyyyy
UCRAYS

Manage Contacts

Manage Beneficiaries  Manage POA  Register Domestic Partner
## Beneficiary Designation

### Beneficiary Details

For each beneficiary, specify their primary or secondary share for each plan. You may enter a whole percentage share amount, or check Equal Share to evenly distribute the share.

- If you select Equal Share for one beneficiary, you must select it for all other beneficiaries of the same type (primary or secondary).
- When entering percentage share amounts, the total for each plan and beneficiary type must equal 100%.
- The same person may not be both a primary and secondary beneficiary for a given plan.

### UCRP/CAP

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Primary Share</th>
<th>Primary Equal Share</th>
<th>Secondary Share</th>
<th>Secondary Equal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Grandchild</td>
<td></td>
<td>33.00%</td>
<td></td>
<td></td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Child/Grandchild</td>
<td></td>
<td>33.00%</td>
<td></td>
<td></td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Child/Grandchild</td>
<td></td>
<td>34.00%</td>
<td></td>
<td></td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

| Total       | 100.00%       | 0.00%        | 0.00%         |

Next button highlighted.
Beneficiary Designation

Step 1: Add/Edit Beneficiary
Step 2: Update Beneficiary Designations
Step 3: Review & Confirm

Confirm Beneficiaries
Review your beneficiary updates below. Click Previous to make any changes before confirming.

UCRP/CAP

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Share</th>
<th>Equal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Beneficiary</td>
<td>Child/Grandchild</td>
<td>33.00%</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Beneficiary</td>
<td>Child/Grandchild</td>
<td>33.00%</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Beneficiary</td>
<td>Child/Grandchild</td>
<td>34.00%</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By clicking Confirm, I understand that:

- If I have named more than one beneficiary, benefits will be paid in equal shares unless I have specified otherwise.
- If all the beneficiaries listed above are deceased prior to my death, benefits will be paid in the order of succession as follows: my spouse or domestic partner; if none, my biological/adopted children; if none, my parent(s); or if none, my estate.
- This designation supersedes any previous designation.
- The University will verify the information of members and beneficiaries before paying benefits.
- Retirement plan assets and insurance benefits may be community property. If not named as my sole primary beneficiary, my spouse, if applicable, should participate in the decision of my designated beneficiary(ies) to take part in sharing benefits.

Cancel
Previous
Confirm
Your beneficiary designations are confirmed.

A confirmation will be sent to your address on file.

Don’t forget to update your beneficiaries for the [UC Retirement Savings Program](https://www.ucr.edu/retirement/) (403(b), 457(b), and Defined Contribution) and the [UC Health Savings Plan](https://www.ucr.edu/health/) if you are enrolled.
When coverage begins

First day of eligibility
(IF YOU ENROLL WITHIN YOUR 31 day PIE)

— First day worked
— Exception: AD&D is effective the day that you enroll
— Exception: Health and/or Dependent Care FSAs; effective date is first day of month following enrollment (subject to payroll deadlines)

Open Enrollment
(IN OCTOBER - NOVEMBER)

— Changes effective January 1 of the following year
— Only medical, dental, vision, legal, supplemental health plans, and FSA are “open”
RETIREMENT BENEFITS
Retirement Benefits

Primary benefits – participation required
Retirement Savings Program – voluntary, supplemental savings
Educational tools and resources
Primary Retirement Benefits - July 1, 2016 or later

Options
- Pension Choice
- Savings Choice

90 days to choose
- Automatic enrollment in Pension Choice if no election made
- It pays to elect as soon as possible, because the sooner you enroll in Pension Choice or Saving Choice, the sooner you start receiving UC contributions (and service credit under Pension Choice)
Primary Retirement Benefits – How to enroll

Go to myUCretirement.com/choose to enroll

Choose within 90 days

Automatic enrollment in Pension Choice if no election made

Contributions (by you and UC) do not start until start after enrollment
Voluntary Retirement Savings Program (RSP)

- Tax-deferred 403(b) Plan
- 457(b) Deferred Compensation Plan
- Defined Contribution (DC) Plan

Call Fidelity at (866) 682-7787 or go to netbenefits.com
- Select plan type, monthly contribution amount (% or flat dollar), investments

Easy Enroll at UCRSPenroll.com
- Simplified enrollment online or on a smartphone
- UC Pathway Fund
- Choose to contribute 5, 7 or 9% of salary
Retirement resources - myucretirement.com

MYUCRETIREDMENT.COM
Your source for "All Things Retirement"

Choose a track to see information and next steps for UC members like you.

- Recently Joined UC
- Working and Saving
- Ready to Retire
- In Retirement
Educational Tools and Resources

Online (with videos)
- UCnet (videos, Fact Sheet, SPDs, FAQs)
- myUCretirement.com (elect Choice Program option, financial modeler)

In-person
- Retirement Planner-led classes
- One-on-one counseling onsite

Print
- The Complete Guide to Your UC Retirement Benefits and SPDs

Telephone
- Fidelity (866) 682-7787
- Retirement Administration Service Center (RASC) 1-800-888-8267
CONCLUSION
Final Reminders

Enroll in Health & Welfare benefits within your 31-day PIE

Elect your Primary Retirement benefit plan within 90 days of eligibility

“Submit/Confirm” is final

Family Member Eligibility Verification – UnifyHR

Name your beneficiaries

— UCRP, life insurance, AD&D on UCRAYS
— Pension Choice Supplemental, Savings Choice, Retirement Savings Program accounts — netbenefits.com
— Health Savings Account (if enrolled in Blue Shield Health Savings Plan) — HealthEquity
— Eligibility rules for domestic partners differ for UC Retirement Plan benefits
— Can be changed at any time

Review your pay stub
Tools and Resources

Welcome Kit
UCnet
Medical plan directories
myUCretirement.com
UCPath Portal/AYSO

UCPath center
— 855-9-UCPATH
— UCPath.universityofcalifornia.edu

Local benefits office
Health Care Facilitators
Retirement Administration Service Center (RASC) 1-800-888-8267
Retirement Planners
THANK YOU AND WELCOME TO UC!
NOTICE REGARDING ADMINISTRATION OF BENEFITS

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