

# University of California



# Group Insurance Eligibility Factsheet

## for Retirees and Eligible Family Members

This factsheet describes UC's general rules about:

- eligible family members in the UC-sponsored group insurance plans: medical, dental, and legal; and
- documentation required for eligible family members.

The information in this factsheet is subject to change.

**This factsheet describes eligibility only.** The At Your Service website contains detailed information about UC-sponsored plans including UC plan summaries, plan website links and telephone

numbers, plan costs, and frequently asked questions ([atyourservice.ucop.edu](http://atyourservice.ucop.edu); select "Health & Insurance").

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

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

For more information on publications mentioned in this booklet, see page 13.

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# Eligible Family Members

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

## Eligible Adult

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

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

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

## Eligible Adult

**Reminder:** Under the medical and dental plans, family members must be covered under the same plan as you. Retirees may only continue their group medical, dental and legal plans. AD&D coverage is available only to you and your spouse/domestic partner (payment must be made directly to American Home Assurance).

Family Member	Eligibility	Must be	Medical	Dental	Legal	AD&D
Legal spouse <sup>1,2</sup>	Eligible	—	•	•	•	•
Domestic partner <sup>1</sup> (same-sex/opposite-sex)	Age 18 or older	<ul style="list-style-type: none"> <li>• if opposite sex either the retiree or the domestic partner must be age 62 or older and eligible to receive Social Security benefits based on age;</li> <li>• domestic partnership registered with the State of California or established same-sex legal union, other than marriage, in another jurisdiction that is substantially equivalent to a California domestic partnership; otherwise, the following requirements must be met by both partners:                             <ul style="list-style-type: none"> <li>– must be capable of consenting to the domestic partnership;</li> <li>– must be each other's sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely;</li> <li>– must share a common residence;</li> <li>– must not be related by blood in a way that would prevent them from being married to each other in California;</li> <li>– must be financially interdependent;</li> <li>– must not be legally married to someone else or be a member of another domestic partnership</li> </ul> </li> </ul>	•	•	•	•

1 The surviving family member of a deceased member cannot enroll a spouse or domestic partner (or their children/grandchildren).

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

## Eligible Child

You may enroll eligible children shown in the chart below.

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

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

### Tax Dependency

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

**or your domestic partner.** See the chart below for other family members who must be claimed as your tax dependent.

If you have a custody arrangement where you, your spouse or domestic partner claim a child as a tax dependent every other year, that child is only eligible for UC-sponsored coverage in those years. Therefore, you are required to remove the child from your UC-sponsored coverage in the years in which he/she does not qualify as a tax dependent by either you, your spouse or domestic partner. For example, if your stepchild is claimed as a tax dependent in 2005, 2007 and 2009, those are the only years that the child can be covered by UC-sponsored health plans. During Open Enrollment you can add or delete family members as needed for the following tax year.

## Eligible Child

**Reminder:** Under the medical and dental plans, family members must be covered under the same plan as you. Retirees may only continue their medical, dental, legal and AD&D plans. AD&D coverage is available only to you and your spouse/domestic partner (payment must be made directly to American Home Assurance).

Family Member	Eligibility Must be	Medical	Dental	Legal
Natural or adopted child <sup>1</sup>	To age 23 <sup>2</sup> • unmarried	•	•	•
Stepchild, grandchild, or step-grandchild <sup>1</sup>	To age 23 <sup>2</sup> • unmarried • living with you • supported by you or your spouse (50%+) • claimed as a tax dependent by you or your spouse	•	•	•
Domestic partner's child or grandchild <sup>1</sup>	To age 23 <sup>2</sup> • unmarried • living with you • supported by you or your domestic partner (50%+) • claimed as a tax dependent by you or your domestic partner	•	•	•
Legal ward enrolled 1/1/95 or after	To age 18 • unmarried • living with you • supported by you (50%+) • claimed as your tax dependent	•	•	•
Overage disabled child (except a legal ward) <sup>1</sup> (must be approved by the carrier)	Age 23 or older • unmarried • living with you if not your natural or adopted child • enrolled in a group medical plan before age 23 with continuous coverage and the incapacity must have begun before age 23 • supported by you (50%+) and claimed as your dependent for income tax purposes or eligible for Social Security income or Supplemental Security Income as a disabled person. The overage disabled child may be working in supported employment which may offset the Social Security or Supplemental Security Income • incapable of self-support due to a mental or physical disability incurred prior to age 23 • must be approved before age 23 by the carrier during the PIE	•	•	•

1 New Mexico residents: see "New Mexico Residents" on the following page.

2 If you are a resident of New Mexico, you may enroll eligible children in your dental plan until age 25. (Note: this does not apply to legal wards; they are covered only to age 18.)

### **Partial Child Support for Stepchildren and Children of Domestic Partners**

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

For example, if you and the other parent share in the support of the children (your son and daughter) and the custody agreement states you may claim your son

and the other parent may claim your daughter, only your son can be covered by UC-sponsored health plans. Even though you are responsible for a portion of the support for both children, only your son may be covered under UC-sponsored plans.

### **New Mexico Residents**

If you are a resident of New Mexico, you may enroll eligible children in your dental plan until age 25. (Note: this does not apply to legal wards as they are covered only to age 18.)

## **Important Rules**

### **Ineligible Family Members**

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

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

### **Former Spouse/Domestic Partner**

UC health and welfare eligibility rules do not allow for coverage of an ex-spouse/domestic partner. See question 6 on page 8 for more details.

### **Adult Dependent Relative**

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 de-enrolled unless you submit a *Medicare Declaration* form (UBEN 126) and documentation which proves they are ineligible for Medicare Part A.

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

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

### **No Duplicate UC Coverage**

UC rules do not allow duplicate coverage. This means you may not be covered in UC-sponsored plans as

a retiree and as an eligible family member of a UC employee or retiree at the same time.

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

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

### **Exclusion for Pre-existing Conditions**

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

### **Rehired Retirees with Medicare**

If you decide to return to work for the University and are hired into a position eligible for medical benefits, your coverage as a retiree will be affected. Please call the UC Customer Service Center.

### **Medicare**

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

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

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

## Enrollment

### When to Enroll

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

#### Period of Initial Eligibility (PIE)

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

**Period of initial eligibility (PIE)**—A PIE is a time during which your eligible family members may enroll in UC-sponsored plans. A PIE starts on the first day of eligibility—for example, the day you marry. For paper enrollments, it ends 31 days later or on the last **working day** of that 31-day period, whichever comes first. UC defines a working day as a normal business day—Monday through Friday, excluding holidays.

#### Adopted Child

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

#### Medical Plan Changes

If you get married or establish a domestic partnership, or if you have a new child (through birth or adoption), you will have a new 31-day period of initial eligibility in which to enroll your new family member. Effective January 1, 2006, during this PIE you may also change your medical plan. You may also have an opportunity to change medical plans if you opted out of UC coverage due to other coverage and employer

contributions toward other coverage terminated or if you or an eligible family member reach your plan's lifetime limit on all benefits.

#### Moving Out of a Service Area

If you move out of an HMO, Blue Cross PLUS, Select EPO or PMI service area, you and your eligible family members must transfer to a UC-sponsored medical and/or dental plan that provides service in your new location. If you return to the HMO or Blue Cross PLUS or PMI service area, you may transfer back.

#### Suspension of Medical Enrollment

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

If you lose the other coverage involuntarily, you can re-enroll in a UC medical plan during a 31-day PIE that begins the date you lost your other group or individual coverage. Examples of involuntary loss of coverage would be if your company/employer terminates their plan; you have coverage through a spouse or domestic partner which ends because their job ends; or the insurance carrier cancels your individual plan. See question 21 on page 10.

Otherwise, you can re-enroll in a UC medical plan during any Open Enrollment.

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

### Open Enrollment

Open Enrollment (usually held in November) is your annual opportunity to transfer to a different medical or dental plan, or add eligible family members to your medical and/or dental plan. If you previously "suspended" your eligibility for UC-sponsored medical

coverage, you may re-enroll yourself and your family members even if you still have the other coverage. Changes made during Open Enrollment are effective January 1 of the following year.

## **Legal Plan**

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

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

## **Misuse of Plan**

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

In accordance with UC Group Insurance Regulations, individuals who are ineligible but intentionally enrolled will be permanently de-enrolled. These individuals are not eligible for COBRA continuation. The retiree and eligible family members will be de-enrolled for 12 months. Subject to plan approval, the retiree and eligible family members who are de-enrolled may be eligible for continued coverage under the COBRA arrangement for 12 months by paying 102 percent of the normal premium costs.

## **Loss of Eligibility**

An enrolled family member's coverage stops at the end of the month in which he or she no longer meets all of the eligibility requirements (see the charts on pages 2 and 3).

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

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

## **Verification of Family Member Eligibility**

UC and the insurance carriers reserve the right to request documentation (marriage or birth certificates, verification of domestic partnerships, adoption records, tax records, etc.) to verify eligibility for your enrolled family members. Failing to provide documentation when requested will lead to de-enrollment of you and your family members for 12 months and possible legal action. In addition, employees will be subject to disciplinary action and will be responsible for any employer contributions to and benefits paid by the plan for the ineligible coverage. Please do not submit any documentation unless UC HR/Benefits or your carrier asks you to do so.

# What You Need to Know After You Have Enrolled

## Confirm Your Choices

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

## Documentation

To verify eligibility for your family members, UC and the insurance carriers may request documentation including birth or marriage certificates, domestic partnership documentation, or tax documentation.

## Keep Your Records Updated

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

Submit a UC *Address Change Notice* form (UBEN 131) to update your address and an *Enrollment, Change, or Cancellation* form (UCRS 160) to update your direct deposit.

## If You Move Out of a Service Area

If you move out of or return to an HMO, Blue Cross PLUS, Select EPO, or PMI service area, see “Moving Out of a Service Area” on page 5.

## Life Changes

Events in your personal life (such as getting married or divorced or having a child) may affect your UC benefits. See “Life Events” on page 13.

It is your responsibility to de-enroll any family member who loses eligibility. UC and the plan reserve the right to collect repayment for any expenses incurred following the ineligible enrollment, including the employer contribution.

COBRA: If you or a family member lose eligibility for UC-sponsored medical, dental, or vision coverage, you may be eligible to continue coverage under COBRA. See “Loss of Eligibility” on page 6.

# Questions and Answers

## Eligibility for a Spouse/Domestic Partner

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

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

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

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

Yes. As your spouse/domestic partner, he is eligible.

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

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

Yes. If your eligible family member loses individual or group coverage involuntarily, you may add him/her to your UC-sponsored plans within 31 days of the loss of coverage. Proof of loss of non-UC group coverage will be required. (See “When to Enroll” on page 5.)

You may also add him/her to your plan during any Open Enrollment.

Effective January 1, 2006, when adding a spouse, you may also have an opportunity to change medical plans during the PIE.

#### **4. If my spouse and I are covered by my UC medical plan and my spouse also has both of us covered under her non-UC plan, which coverage is primary?**

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

#### **5. My same-sex domestic partner and I are currently not registered as domestic partners with the State of California Domestic Partners Registry. Can I still add my domestic partner to my UC-sponsored plans?**

Yes. To add your domestic partner, you must submit a *Retiree Continuation, Enrollment, or Change* form (UBEN 100). This form is available from the At Your Service website under "Forms & Publications." You may also request a copy of the form from the UC Customer Service Center.

### **Eligibility for a Former Spouse**

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

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

If a legal decree requires you to maintain health coverage for your former spouse/domestic partner or any other ineligible family member, you must make private arrangements for such coverage. You may not keep your former spouse/domestic partner or any other ineligible family members on your UC plans. However, your former spouse/domestic partner may be able to continue medical, dental, or vision coverage through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). For information about COBRA continuation privileges, see the At Your Service website or contact your Benefits Office.

### **Eligibility for an Adult Dependent Relative**

#### **7. If I cancel coverage for an adult dependent relative enrolled under my UC-sponsored plans, can I enroll someone else?**

As of January 1, 2004, the category of "adult dependent relative" was closed to new enrollees. However, if you cancel coverage for an ADR, you may enroll an eligible spouse or domestic partner during Open Enrollment or if a period of initial eligibility occurs. If you cancel coverage for your adult dependent relative, you cannot enroll another adult dependent relative.

#### **8. I have an adult dependent relative covered in my UC-sponsored plans. Upon my death, will my adult dependent relative (or my spouse) be eligible to continue UC-sponsored coverage?**

No. When you die, your adult dependent relative will not be eligible to continue UC-sponsored coverage since he/she would no longer be dependent upon you for support. Your adult dependent relative would be eligible to continue coverage for a limited time under COBRA only. Note also that in this situation, your spouse would not be eligible for any UC-sponsored coverage, since he/she was not enrolled in your UC-sponsored plans at the time of your death. Contact the UC Customer Service Center about continuation of group insurance coverage under COBRA.

#### **9. My mother is my adult dependent relative and she will soon move to a nursing home. Will this make her ineligible for coverage?**

No. Your mother can be covered while living in a convalescent hospital or nursing home as long as she is your tax dependent and she meets all other UC eligibility requirements.

### **Eligibility for Child(ren)**

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

Your unmarried natural or adopted children may be eligible for coverage up to age 23 whether or not they live with you and regardless of how much of their support you provide. (Note: your child may be eligible for dental up to age 25 if you live in New Mexico.) If you are enrolled in an HMO medical plan or the PMI dental plan, however, your enrolled family

members must live in the plan's service area. Contact your plan directly to confirm your options.

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

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

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

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

### **Eligibility for a Legal Ward**

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

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

**14. My legal ward will soon turn age 18 and will no longer be eligible for coverage on my UC-sponsored plans. Is she eligible for medical, dental, and vision coverage under COBRA?**

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

### **Eligibility for Disabled Child(ren)**

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

Assuming that all eligibility requirements are met (see the chart on page 3), you must obtain approval from your medical plan before your child's 23rd birthday and notify the UC Customer Service Center. If the medical plan carrier approves continued coverage, your child may also remain enrolled in UC-sponsored dental and legal coverage. Contact your medical plan for information and the proper form. Note that UC and your medical plan have the right to request proof of continued disability periodically in order to continue UC-sponsored group coverage.

### **Eligibility for Stepchild(ren)**

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

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

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

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

### **Eligibility for Other Enrollees**

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

If the child was enrolled before January 1, 1995, and coverage has been continuous, living with you is not a requirement for a legal ward. If the child was enrolled on or after January 1, 1995, however, you cannot enroll him or her as a legal ward unless he/she is living with you. Refer to the chart on page 3 for complete details.

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

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

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

You can keep your current medical coverage if you are enrolled in the High Option, Blue Cross PPO, or Core plans, which provide worldwide coverage. If you are enrolled in an HMO, Select EPO, or Blue Cross PLUS and you will be out of the plan’s service area for more than two months, UC regulations allow you to transfer to a UC-sponsored medical plan that provides service in your new location within 31 days of the date you leave the service area. If you remain in the HMO while you are away from the plan’s service area, you are eligible for only emergency/urgent care medical coverage.

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

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

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

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

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

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

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

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

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

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

**Option 3:** Effective January 1, 2006, if employer contributions toward other coverage terminates, you will have a new PIE in which to enroll in a new UC-sponsored medical plan.

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

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

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

It depends. If you return to UC employment, contact your local Benefits Office about the steps you should take to make sure your benefits are in place.

## Medicare

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

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

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

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

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

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

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

### **26. If I sign up for a non-UC-sponsored Medicare managed care HMO plan, will I lose my UC-sponsored coverage?**

Yes. If you and/or your eligible family members are enrolled in a UC-sponsored medical plan and you (and/or they) enroll in a non-UC-sponsored Medicare Advantage HMO plan, you (and/or they) lose eligibility to participate in the UC-sponsored plan. This is because Medicare will only cover you in one Medicare Advantage plan. To protect your eligibility for UC-sponsored medical coverage, you may "suspend" your UC coverage by completing the UC's UBEN 100 form. Call the UC Customer Service Center for details.

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

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

If you enroll or cancel enrollment in Kaiser Permanente, Health Net, PacifiCare of California, PacifiCare of Nevada, or Western Health Advantage, you will need additional forms to complete your change:

- When transferring into one of the above plans, you must complete a *Medicare Advantage Universal Enrollment Form* and mail it to your new plan before the new coverage takes effect.
- If you are transferring out of one of the above plans and into a plan that is not a Medicare managed care HMO plan, you must complete UC's *Medicare Advantage Plan Disenrollment Form* and mail it to your new plan before the new coverage takes effect.

Both of these forms are available from the UC Customer Service Center.

For information about Medicare benefits, read the *Medicare Factsheet* (see page 13).

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

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

### **General Questions**

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

Yes, if the following conditions apply:

- They are enrolled in your UC-sponsored medical and/or dental plan on the date of your death; and
- A monthly benefit (survivor income or contingent annuitant benefit) is payable within 120 days of your death, so that any required monthly medical plan costs can be deducted.

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

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

**31. I am eligible for TRICARE for Life under the U.S. military. Should I cancel my UC-sponsored medical plan coverage?**

If you are eligible for TRICARE for Life, you may elect to suspend your UC-sponsored medical coverage and be eligible to re-enroll in a UC-sponsored medical plan at a later date. Be sure to ask the UC Customer Service Center for more information before you take action; unless you take the proper steps, you could jeopardize your right to future UC-sponsored coverage.

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

Yes, you may add a new spouse to your insurance plans, but your new spouse will not be eligible to receive survivor benefits.

## For More Information

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

### Health and Welfare Benefits

- *Dental Plan Summary*
- *Benefits for Domestic Partners*

### Medicare

- *Medicare Factsheet*
- *Medicare Declaration* (UBEN 126)
- *Medicare + Choice Universal Enrollment Form*
- *HMO Medicare Managed Care Disenrollment Form* (UBEN 101)

### Life Events (benefits checklists)

- Family Changes

### UC Retirement

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

### UC Customer Service Center

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

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

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

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

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



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



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