

2012 UCSC INSURANCE CONTINUATION INSTRUCTIONS
FOR EMPLOYEES ON FURLOUGH or TEMPORARY LAYOFF

When you are on furlough or are temporarily laid off **you are eligible to continue to receive the UC contributions for medical, dental, and optical for up to 3 months**; however, you **must take action** in order to continue your University insurance plans. The University contribution is not automatic. You must complete and return the attached Insurance Continuation Form along with payment for your portion of the premium(s). For more information, please see the *Temporary Layoff Benefits Checklist* or the *Furlough Benefits Checklist* available from the campus Benefits office or on-line at: atyourservice.ucop.edu.

INSTRUCTIONS FOR COMPLETING THE INSURANCE CONTINUATION FORM

Complete the form with your information along with the dates of your furlough or temporary layoff. ***If you do not know these dates, call your Employee & Labor Relations Service Team.*** Write in the names of your current medical and dental plans. Indicate whether or not you wish to continue coverage while you are on furlough or temporary layoff for **each** of your current insurance plans. If you are enrolled in Health Net HMO, Health Net Blue & Gold HMO, Kaiser HMO or Anthem Blue Cross Plus (POS), and will be leaving the plan's service area for two or more months, you may be eligible to change your medical insurance while you are away. Please contact the campus Benefits Office at (831) 459-2013 for more information.

If you wish to continue the coverage: Mark "Continue" and write in the monthly premium you will be paying. See Premium Payment section below for more information. **If you do not want to continue coverage:** Mark "Cancel". **It is very important that you indicate either continue or cancel for each of your insurance plans.** If you do not indicate on the form whether coverage for one of your plans should be continued or cancelled, the plan will be subject to cancellation. **All employees on furlough or temporary layoff are required to complete this Insurance Continuation Form indicating whether they elect to cancel or continue coverage.**

*******FAILURE TO RETURN THIS FORM MAY RESULT IN PLAN CANCELLATION.*******

Health FSA (Flexible Spending Account) and DepCare FSA (Flexible Spending Account) Participants:

If you are enrolled in the Health FSA and/or DepCare FSA tax-savings plan(s), **YOUR PARTICIPATION WILL END AUTOMATICALLY** on the last day of the month of your last contribution. Expenses incurred during months where no pay is received are *ineligible*. To re-enroll, you must enroll via paper form (UPAY 850) within 31 days of your return to work. Contact the Benefits Office or refer to the Summary Plan Descriptions (available on: atyourservice.ucop.edu) for more details about the impact of your furlough or temporary layoff on these plans.

PREMIUM PAYMENT

You will owe the employee portion of your monthly premium for each month you will not receive a paycheck. Your portion of the medical plan premium is on your last earnings statement. The employee medical plan premiums are also listed on the rate sheet following these instructions. Since the cost of dental and vision coverage is fully covered by UC during a furlough or temporary layoff, write in \$0 for these plans. For all other plans, write in your payroll deduction amount, which can be found on your earnings statement. If you cannot find your earnings statement, or are unsure of your Medical Contribution Base, you may view this information on-line at: atyourservice.ucop.edu. You may pay the premiums for the furlough/temporary layoff period in one lump sum, or on a monthly basis.

IMPORTANT: To ensure continuous coverage, completed Insurance Continuation Forms and payments must be received by the **Campus Payroll Office** by the 10th of the month following the beginning of your furlough/temporary layoff. For example, if your furlough/temporary layoff begins July 1, premium payment is due by July 10th. **If a payment has not been received by the 10th of the month, your coverage will be subject to cancellation.**

Note: Health and welfare plan premiums are adjusted at the beginning of each calendar year. If your furlough/temporary layoff extends beyond the end of the calendar year, contact the campus Benefits Office in November to obtain a new premium rate sheet.

Instructions continue on next page

IF COVERAGE IS CANCELLED

If coverage is cancelled, **you will need to reenroll** via paper form if you wish to reinstate coverage upon return from your furlough or temporary layoff. It is your responsibility to contact the Benefits Office upon return work to initiate re-enrollment. Your eligibility period for re-enrollment ends on the last working day of the 31-day period following your return to work. If coverage is cancelled, **coverage will end on the last day of the month for which a premium has been paid.** Therefore, if you choose to cancel one or all of these plans and you receive a paycheck on July 1, your plan coverage ends July 31st. Short-term and Supplemental Disability coverage stops the last day you are actively at work and you cannot receive disability benefits during a scheduled furlough.

When you return to work, you will have a 31-day PIE to re-enroll in the same coverage you were enrolled in before the furlough or temporary layoff.

OTHER DEDUCTIONS

For information on other payroll deduction items such as Credit Union, Auto/Home Insurance, etc., contact the appropriate vendor or office directly. If you have a 403(b) loan, you must contact Fidelity Retirement Services at 1-866-682-7787 to make arrangements for repayment of the loan while off pay status. If you do not take action, the outstanding amount may be reported as a taxable distribution. It may also be subject to federal and state early distribution penalties.

OTHER UCSC EMPLOYMENT

You must contact the Campus Payroll Office as soon as possible if you have other UCSC paid employment during your furlough or temporary layoff.

COBRA

The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) requires the University of California to offer continuation of University sponsored medical, dental, optical and/or health flexible spending account participation to qualified employees and family members enrolled in these plans if there is a loss of coverage due to certain qualifying events, such as furlough or temporary layoff. If there is a loss of coverage, you will receive a COBRA election packet and instructions from CONEXIS, UC's COBRA plan administrator. If coverage is cancelled during the furlough or temporary layoff, and you separate from UC employment while the coverage is cancelled you will not be eligible for continuation of coverage under COBRA at the time of separation. You may contact CONEXIS for COBRA Continuation assistance at (800) 482-4120.

| |
|---|
| <p>ATTENTION REPRESENTED EMPLOYEES: Current year employee contributions to medical plans may not be effective for employees in bargaining units with expired collective bargaining agreements until the University and union representatives reach agreement or until the rates are in effect, in accordance with the requirements of HEERA.</p> |
|---|

2012 MONTHLY EMPLOYEE PREMIUM RATES

ATTENTION REPRESENTED EMPLOYEES: Current year employee contributions to medical plans may not be effective for employees in bargaining units with expired collective bargaining agreements until the University and union representatives reach agreement or until the rates are in effect, in accordance with the requirements of HEERA.

Your 2012 MCB (Medical Contribution Base) is based on your January 2011 full-time equivalent salary, even if you work part-time or your salary changed after that date.

Medical Contribution Base of \$48,000 and under:

| | Employee Only | Employee and Child(ren) | Employee and Adult | Family |
|------------------------------|---------------|-------------------------|--------------------|----------|
| Anthem Blue Cross PPO | \$52.57 | \$94.63 | \$157.02 | \$199.09 |
| Anthem Blue Cross Plus (POS) | \$75.24 | \$135.43 | \$204.63 | \$264.83 |
| Health Net Blue & Gold HMO | \$23.08 | \$41.55 | \$95.10 | \$113.56 |
| Health Net HMO | \$79.27 | \$142.69 | \$213.10 | \$276.52 |
| Kaiser HMO | \$8.07 | \$14.53 | \$16.95 | \$23.40 |
| Anthem LUMENOS PPO w/ HRA | \$8.07 | \$14.53 | \$16.95 | \$23.40 |
| Core | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Medical Contribution Base from \$48,001 to \$96,000:

| | | | | |
|------------------------------|----------|----------|----------|----------|
| Anthem Blue Cross Plus (POS) | \$111.29 | \$200.32 | \$286.93 | \$375.97 |
| Anthem Blue Cross PPO | \$88.62 | \$159.92 | \$239.32 | \$310.23 |
| Health Net Blue & Gold HMO | \$59.13 | \$106.44 | \$177.40 | \$224.70 |
| Health Net HMO | \$115.32 | \$207.58 | \$295.40 | \$387.66 |
| Kaiser HMO | \$44.12 | \$79.42 | \$99.25 | \$134.54 |
| Anthem LUMENOS PPO w/ HRA | \$44.12 | \$79.42 | \$99.25 | \$134.54 |
| Core | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Medical Contribution Base from \$96,001 to \$144,000:

| | | | | |
|------------------------------|----------|----------|----------|----------|
| Anthem Blue Cross Plus (POS) | \$148.29 | \$266.92 | \$360.69 | \$479.33 |
| Anthem Blue Cross PPO | \$125.62 | \$226.12 | \$313.08 | \$413.59 |
| Health Net Blue & Gold HMO | \$96.13 | \$173.04 | \$251.16 | \$328.06 |
| Health Net HMO | \$152.32 | \$274.18 | \$369.16 | \$491.02 |
| Kaiser HMO | \$81.12 | \$146.02 | \$173.01 | \$237.90 |
| Anthem LUMENOS PPO w/ HRA | \$81.12 | \$146.02 | \$173.01 | \$237.90 |
| Core | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Medical Contribution Base over \$144,000:

| | | | | |
|------------------------------|----------|----------|----------|----------|
| Anthem Blue Cross Plus (POS) | \$186.60 | \$335.88 | \$437.11 | \$586.40 |
| Anthem Blue Cross PPO | \$163.93 | \$295.08 | \$389.50 | \$520.66 |
| Health Net Blue & Gold HMO | \$134.44 | \$242.00 | \$327.58 | \$435.13 |
| Health Net HMO | \$190.63 | \$343.14 | \$445.58 | \$598.09 |
| Kaiser HMO | \$119.43 | \$214.98 | \$249.43 | \$344.97 |
| Anthem LUMENOS PPO w/ HRA | \$119.43 | \$214.98 | \$249.43 | \$344.97 |
| Core | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| | | | | |
|-----------------|---------|---------|---------|---------|
| ARAG Legal Plan | \$10.02 | \$13.78 | \$13.78 | \$15.03 |
|-----------------|---------|---------|---------|---------|

All other plans: Please see your most recent earnings statement for your continuation rate(s).

**2012 UCSC INSURANCE CONTINUATION FORM
FOR EMPLOYEES ON FURLOUGH or TEMPORARY LAYOFF**

ATTENTION REPRESENTED EMPLOYEES: Current year employee contributions to medical plans may not be effective for employees in bargaining units with expired collective bargaining agreements until the University and union representatives reach agreement or until the rates are in effect, in accordance with the requirements of HEERA.

Important Notice – UC contributions for medical, dental and optical are not automatic. **Failure to return this form on time may result in a loss of coverage.**

When you are on furlough or temporary layoff, you must take immediate action in order to continue or cancel your University insurance. You should complete this form, indicating the action you wish taken for each plan, and return it no later than the 10th of the month to:

UCSC PAYROLL OFFICE, 1156 HIGH STREET, SANTA CRUZ, CA 95064

Please read the attached sheet for important information regarding your insurance plans and instructions on how to complete this form. Please make a copy of this form for your records. If you do not list a particular insurance plan and/or indicate whether it should be continued or cancelled, **the plan will be subject to cancellation.** If do not know your benefit plan enrollments, you may view them on-line at: <http://atyourservice.ucop.edu>.

UCSC EMPLOYEE ELECTION TO CONTINUE or CANCEL INSURANCE PLANS

Name: _____ ID#: _____

E-Mail: _____

Home Address: _____

Home Phone: _____ Unit: _____

Period of Furlough/Temporary Layoff: From: _____ to _____

| Insurance Plan | Continue | or | Cancel* | Monthly | Total Premium (Lump Sum) | Payroll Use |
|---------------------------|------------------------------|----|------------------------------|----------|-----------------------------|----------------|
| Medical: _____ | (<input type="checkbox"/>) | | (<input type="checkbox"/>) | \$ _____ | \$ _____ | _____ |
| Dental: _____ | (<input type="checkbox"/>) | | (<input type="checkbox"/>) | \$ _____ | \$ _____ | _____ |
| Vision Service Plan (VSP) | (<input type="checkbox"/>) | | (<input type="checkbox"/>) | \$ _____ | \$ _____ | _____ |
| ARAG Legal | (<input type="checkbox"/>) | | (<input type="checkbox"/>) | \$ _____ | \$ _____ | _____ |
| Supplemental Life | (<input type="checkbox"/>) | | (<input type="checkbox"/>) | \$ _____ | \$ _____ | _____ |
| Basic Dependent Life | (<input type="checkbox"/>) | | (<input type="checkbox"/>) | \$ _____ | \$ _____ | _____ |
| Expanded Dependent Life | (<input type="checkbox"/>) | | (<input type="checkbox"/>) | \$ _____ | \$ _____ | _____ |
| AD&D | (<input type="checkbox"/>) | | (<input type="checkbox"/>) | \$ _____ | \$ _____ | _____ |
| Supplemental Disability | (<input type="checkbox"/>) | | (<input type="checkbox"/>) | \$ _____ | \$ _____ | _____ |
| Health FSA & DepCare FSA | n/a | | | | | |

Participation stops automatically. Contact Benefits for more information.

Enclosed is my check/money order in the amount of \$_____ (monthly) or \$_____ (lump sum) made payable to "UC Regents" for the following payroll month(s):

() Jan. () Feb. () Mar. () April () May () June () July () Aug. () Sept. () Oct. () Nov. () Dec.

Note: If any plans are cancelled, contact Benefits upon return to work. It is your responsibility to submit re-enrollment forms within 31-days of returning to work.

Employee Signature

Date