

2012 UCSC INSURANCE CONTINUATION INSTRUCTIONS
FOR EMPLOYEES ON LEAVE WITHOUT PAY (LWOP)

When you are on leave without pay, you must take action in order to continue or cancel your University insurance. You must complete and return the attached Insurance Continuation Form, with payment for your portion of any premium(s) owed.

INSTRUCTIONS FOR COMPLETING THE ELECTION FORM

Complete the Insurance Continuation Form (ICF) along with the dates of your leave without pay. *If you do not know these dates, call your Employee & Labor Relations Service Team or the Academic Coordinator at your divisional HR office.* Indicate on the ICF whether or not you wish to continue coverage while you are on leave without pay 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 coverage 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. The premium will be the total premium, unless you are eligible for Special Medical Coverage (explained below). See Premium Payment section below for more information.

If you do not want to continue coverage: Mark "Cancel" and return the form.

It is very important that you indicate either continue or cancel for each of your insurance plans. If you do not indicate whether coverage for one of your plans should be continued or cancelled, the plan will be subject to cancellation. **All employees on LWOP, regardless of the type of leave, are required to complete the Insurance Continuation Form electing 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, **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: <http://atyourservice.ucop.edu>) for more details about the impact of your unpaid leave on these plans.

SPECIAL MEDICAL COVERAGE - In order to receive these special University contributions, you must complete and return the election form.

- **Short Term Disability Benefits:** The University will continue to make contributions to medical insurance for up to six months during a LWOP if you are receiving Short Term Disability (STD) benefits through Liberty Mutual. If you will not remain on pay status during the entire waiting period you may be required to pay the full medical plan premium for the period that you do not receive pay. If your disability benefits cease, and you continue to be on LWOP, you may continue your medical insurance by paying the full premium. Contact your disability counselor for more information.
 - If you are eligible for special *medical* coverage because of receipt of Short Term Disability benefits, you should write in and pay the *employee* deduction amount.
- **Family Medical Leave Act (FMLA):** Under FMLA, the University will continue to make contributions to medical, dental and optical insurance for up to 12 workweeks in a 12-month period. If your FMLA benefits end and you continue to be on LWOP, you may continue your medical, dental and optical coverage by paying the total premium. If you are concurrently eligible for FMLA and Short Term Disability benefits, you may be eligible to continue receiving the University contribution for medical insurance premiums for up to a maximum of six months. Contact your Employee & Labor Relations contact or academic coordinator for eligibility information.
 - If you are eligible for special medical coverage because of FMLA benefits, you should write in and pay the *employee* deduction amount.
 - If you are enrolled in the Health FSA and are eligible for FMLA, you should also complete a UPAY 850 form prior to the start of your FMLA leave. This form allows you to cancel or continue your Health FSA coverage during the portion of your leave covered by FMLA. See the plan's Summary Plan Description or call the Benefits Office for more information.

Instructions continue on next page

- **Workers' Compensation Temporary Disability Benefits:** If you are receiving Temporary Disability benefits through Workers' Compensation and are on a LWOP, the University pays your entire medical plan premium from a Contingency Fund. In this situation, you should write 'contingency fund' in the premium column. If your Workers' Compensation Temporary Disability benefits cease, and you continue to be on a LWOP, you may continue your medical insurance by paying the full premium.

PREMIUM PAYMENT

You will owe a premium for each month you will not receive a paycheck. You may pay the premiums for the entire leave in a lump sum or on a monthly basis. To ensure continued coverage, your Insurance Continuation Election form and first payment should be received in the *Campus Payroll Office* by the 10th of the month following the beginning of your LWOP. For example, if your leave begins on June 15, Payroll should receive your payment by July 10th. If you elect to make payments on a monthly basis, it is your responsibility to ensure your payments reach Payroll by the 10th of each subsequent month. **If a payment has not been received by the 10th, coverage will be subject to cancellation. All employees on LWOP are required to complete the Insurance Continuation Form.**

Note: premiums are adjusted at the beginning of each calendar year. If your leave will extend beyond the end of the calendar year, you should contact the Benefits Office in November to obtain a new rate sheet.

ATTENTION REPRESENTED EMPLOYEES: 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. If this applies to you, please contact the Benefits Office.

IF COVERAGE IS CANCELLED

If coverage is cancelled, **you will need to reenroll** via paper form if you wish to reinstate coverage upon return to work. **It is your responsibility to contact the Benefits Office upon return from leave 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.** Medical, dental, optical, legal, Supplemental Life, Basic and Expanded Dependent Life, and AD&D premiums are paid in advance. Therefore, if you choose to cancel these plans and you receive a paycheck on July 1, you will be covered through the end of July.

BASIC LIFE CONVERSION

Coverage continues automatically for up to four calendar months. If your leave lasts longer than the allotted continuation period, you may convert within 31 days to an individual plan. Please contact the campus Benefits Office for information.

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 (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.

Certain leaves of absence that are related to an employee's University position, such as sabbatical leave of less than 50% or leave to work under a professional grant or fellowship, allow for the continuation of Supplemental Disability coverage. Application for continuation of this coverage must be made directly to Liberty Mutual in **advance** of the beginning of the leave. For more information, please contact the campus Benefits Office.

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 (FSA) plans to qualified employees and family members enrolled in the plans at the time of certain qualifying events, such as a leave without pay. If you terminate coverage under medical dental, optical or health FSA, you will receive a COBRA election packet and instructions from CONEXIS, UC's COBRA plan administrator. If you do not continue your insurance during a leave period and you separate from UC employment while coverage is cancelled, you will not be eligible for continued coverage under COBRA at the time of separation. You may contact CONEXIS for COBRA Continuation assistance at (800) 482-4120.

2012 BENEFITS RATES FOR EMPLOYEES ON LEAVE WITHOUT PAY

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.

Please refer to your earning statement for appropriate contribution amount. 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.

If your MCB is **\$48,000 and under:**

Plan		Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net HMO	Employee	\$79.27	\$142.69	\$213.10	\$276.52
	Total	\$619.26	\$1114.67	\$1300.45	\$1795.86
Kaiser HMO	Employee	\$8.07	\$14.53	\$16.95	\$23.40
	Total	\$504.39	\$907.90	\$1059.22	\$1462.73
Health Net Blue & Gold HMO	Employee	\$23.08	\$41.55	\$95.10	\$113.56
	Total	\$563.07	\$1013.53	\$1182.45	\$1632.90
Anthem Lumenos PPO w/ HRA	Employee	\$8.07	\$14.53	\$16.95	\$23.40
	Total	\$521.09	\$937.96	\$1094.29	\$1511.16
Anthem Blue Cross Plus (POS)	Employee	\$75.24	\$135.43	\$204.63	\$264.83
	Total	\$615.23	\$1107.41	\$1291.98	\$1784.17
Anthem Blue Cross PPO	Employee	\$52.57	\$94.63	\$157.02	\$199.09
	Total	\$592.56	\$1066.61	\$1244.37	\$1718.43
Core	Employee	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$98.05	\$176.49	\$205.91	\$284.35

If your MCB is **\$48,001 to \$96,000:**

Plan		Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net HMO	Employee	\$115.32	\$207.58	\$295.40	\$387.66
	Total	\$619.26	\$1114.67	\$1300.45	\$1795.86
Kaiser HMO	Employee	\$44.12	\$79.42	\$99.25	\$134.54
	Total	\$504.39	\$907.90	\$1059.22	\$1462.73
Health Net Blue & Gold HMO	Employee	\$59.13	\$106.44	\$177.40	\$224.70
	Total	\$563.07	\$1013.53	\$1182.45	\$1632.90
Anthem Lumenos PPO w/ HRA	Employee	\$44.12	\$79.42	\$99.25	\$134.54
	Total	\$521.09	\$937.96	\$1094.29	\$1511.16
Anthem Blue Cross Plus (POS)	Employee	\$111.29	\$200.32	\$286.93	\$375.97
	Total	\$615.23	\$1107.41	\$1291.98	\$1784.17
Anthem Blue Cross PPO	Employee	\$88.62	\$159.52	\$239.32	\$310.23
	Total	\$592.56	\$1066.61	\$1244.37	\$1718.43
Core	Employee	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$98.05	\$176.49	\$205.91	\$284.35

If your MCB is **\$96,001 to \$144,000:**

Plan		Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net HMO	Employee	\$152.32	\$274.18	\$369.16	\$491.02
	Total	\$619.26	\$1114.67	\$1300.45	\$1795.86
Kaiser HMO	Employee	\$81.12	\$146.02	\$173.01	\$237.90
	Total	\$504.39	\$907.90	\$1059.22	\$1462.73
Health Net Blue & Gold HMO	Employee	\$96.13	\$173.04	\$251.16	\$328.06
	Total	\$563.07	\$1013.53	\$1182.45	\$1632.90
Anthem Lumenos PPO w/ HRA	Employee	\$81.12	\$146.02	\$173.01	\$237.90
	Total	\$521.09	\$937.96	\$1094.29	\$1511.16
Anthem Blue Cross Plus (POS)	Employee	\$148.29	\$266.92	\$360.69	\$479.33
	Total	\$615.23	\$1107.41	\$1291.98	\$1784.17
Anthem Blue Cross PPO	Employee	\$125.62	\$226.12	\$313.08	\$413.59
	Total	\$592.56	\$1066.61	\$1244.37	\$1718.43
Core	Employee	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$98.05	\$176.49	\$205.91	\$284.35

If your MCB is **over \$144,000:**

Plan		Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net HMO	Employee	\$190.63	\$343.14	\$445.58	\$598.09
	Total	\$619.26	\$1114.67	\$1300.45	\$1795.86
Kaiser HMO	Employee	\$119.43	\$214.98	\$249.43	\$344.97
	Total	\$504.39	\$907.90	\$1059.22	\$1462.73
Health Net Blue & Gold HMO	Employee	\$134.44	\$242.00	\$327.58	\$435.13
	Total	\$563.07	\$1013.53	\$1182.45	\$1632.90
Anthem Lumenos PPO w/ HRA	Employee	\$119.43	\$214.98	\$249.43	\$344.97
	Total	\$521.09	\$937.96	\$1094.29	\$1511.16
Anthem Blue Cross Plus (POS)	Employee	\$186.60	\$335.88	\$437.11	\$586.40
	Total	\$615.23	\$1107.41	\$1291.98	\$1784.17
Anthem Blue Cross PPO	Employee	\$163.93	\$295.08	\$389.50	\$520.66
	Total	\$592.56	\$1066.61	\$1244.37	\$1718.43
Core	Employee	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$98.05	\$176.49	\$205.91	\$284.35

OTHER PLANS:

Plan		Emp. Only	Emp. & Child(ren)	Emp. & Adult	Family
Delta Dental PPO	Total	\$43.96	\$90.65	\$82.59	\$148.19
DeltaCare (PMI)	Total	\$22.38	\$39.03	\$38.41	\$55.07
VSP Vision Plan	Total	\$11.76	\$11.76	\$11.76	\$11.76
ARAG Legal	Total	\$10.02	\$13.78	\$13.78	15.03

**2012 UCSC INSURANCE CONTINUATION FORM
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Important Notice - failure to return this form on time may result in a loss of coverage.

When you are on leave without pay, 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 form no later than the 10th of the month to:

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

Please read the instructions 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 you do not know your benefit plan enrollments, you may view them on-line at: <http://atyourservice.ucop.edu>.

UCSC ELECTION TO CONTINUE/CANCEL INSURANCE PLANS

Name: _____ ID#: _____

E-mail Address: _____

Home Address: _____

Home Phone: _____ Unit: _____

Period of Leave without Pay: From: _____ to _____

Check any that apply: LWOP: _____ FMLA: _____ Workers' Compensation: _____

Insurance Plan	Continue	-OR-	Cancel*	Monthly Premium	Total Premium (Lump Sum)	Payroll Use
Medical: _____	()		()	\$ _____	\$ _____	_____
Dental: _____	()		()	\$ _____	\$ _____	_____
Vision Service Plan	()		()	\$ _____	\$ _____	_____
ARAG Legal	()		()	\$ _____	\$ _____	_____
Supplemental Life	()		()	\$ _____	\$ _____	_____
Basic Dependent Life	()		()	\$ _____	\$ _____	_____
Expanded Dependent Life	()		()	\$ _____	\$ _____	_____
AD&D	()		()	\$ _____	\$ _____	_____
Health FSA and 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 from your leave. It is your responsibility upon your return from unpaid leave to complete forms within 31-days for re-enrollment in any coverage that is cancelled.

Employee Signature

Date

For nine month academics appointed for the entire academic year, payroll dates are:

Fall Quarter: 7/1 to 10/31 Winter Quarter: 11/1 to 2/28 Spring Quarter: 3/1 to 6/30