

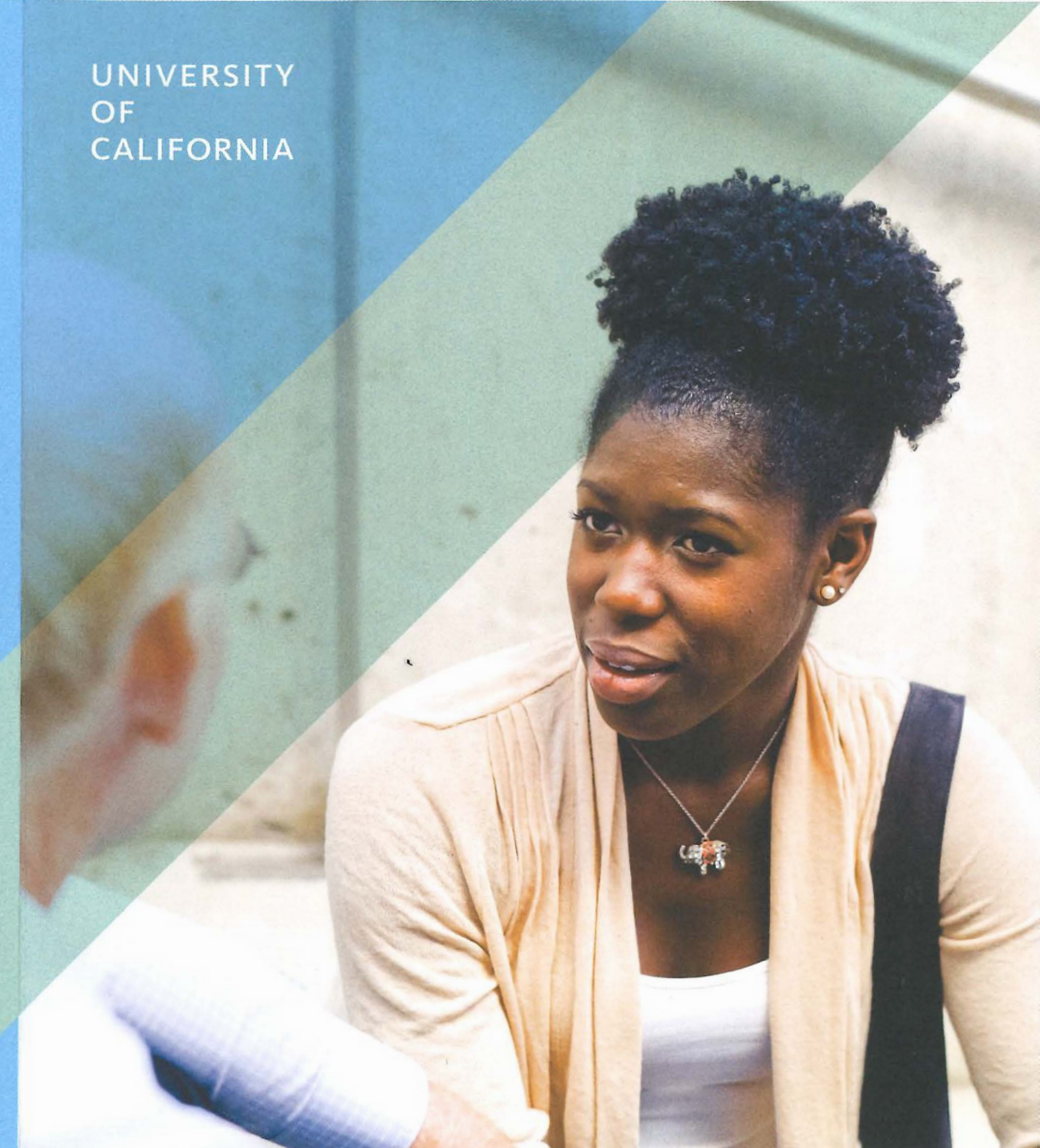
Having a hassle with your health plan? Your health care facilitator can help.

UC's health care facilitators are a unique resource—knowledgeable counselors whose job is to help you solve complex problems with your medical, dental or vision plan. Their assistance is free and confidential.

You'll find a health care facilitator at the benefits office at every UC campus and medical center, as well as at Lawrence Berkeley National Laboratory. They are available to help UC faculty, staff, retirees, survivors and eligible family members.

Health Care Facilitator Program

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HOW A HEALTH CARE FACILITATOR CAN HELP YOU

Whether your problem is with coverage, access or billing, chances are your health care facilitator can help you sort it out.

They are trained to handle issues such as:

- Clarifying your UC health plan coverage and patient rights
- Explaining how Medicare benefits coordinate with UC-sponsored medical plans
- Helping with billing problems for services which are covered by the health plan
- Providing a detailed comparison of your benefit options when you have a complex medical condition
- Explaining how you can appeal a decision made by your health plan
- Intervening on your behalf with health plan representatives

Additionally, they may refer questions about contract interpretation and coverage disputes to the Office of the President and collect aggregate data that can be used to improve health plan coverage and processes.

HOW TO WORK WITH A HEALTH CARE FACILITATOR

Health care facilitators are best used to handle tough problems that you can't solve on your own. Before you get in touch with your facilitator, try these other avenues first:

- **Take time to understand your benefits.** You'll find benefits information, videos, and updates on UCnet (ucnet.universityofcalifornia.edu).
- **Review the plan booklet for your medical plan.** This is where you'll find detailed explanations of what's covered and not.
- **Call your medical plan** if you have questions about coverage, authorization requirements, provider networks and claims processing. See the contact information at right.
- **Contact your medical provider's office or their billing office.** Your doctor or other health care professional may be able to assist you in resolving your problem directly.
- **Contact your medical group.** Most medical groups have patient assistance departments that can help you find a doctor, clear up billing problems, or obtain referrals for services.

Want a Workshop?

Along with providing one-on-one help, health care facilitators are also available to speak with campus, medical center or laboratory groups about health coverage and/or processes. At some locations, the health care facilitator offers educational programs about UC's health plans.

If you still need help after taking the steps above, contact the health care facilitator at your location (see below). If you're a retiree, you should use the health care facilitator at the location where you most recently worked.

These tips can help you make the most of your consultation with a health care facilitator:

- **Assemble all the relevant information you can.** Be prepared to provide as many details as possible, such as the dates of visits to providers, notes about phone conversations, and documentation of billings and payments.
- **Think about the type of assistance you need.** Let the health care facilitator know if you're mainly looking for information, or would like him or her to communicate with your medical plan or UC Human Resources representatives on your behalf.

CONTACT INFORMATION FOR HEALTH CARE FACILITATORS

Berkeley
510-664-9000, option 3

Lawrence Berkeley National Laboratory
510-486-6997

Davis
530-752-4264 (HCF)
530-752-7840 (Assistant HCF)
hr.ucdavis.edu/hcf

Irvine
949-824-9065
hr.uci.edu/hcf

Los Angeles
310-794-3057

Merced
209-205-0851
hr.ucmerced.edu/benefits/other-benefits/health-care-facilitator

Office of the President
510-987-0900

Riverside
951-827-2636
hr.ucr.edu/benefits/health_care.html

San Diego
858-822-2197

San Francisco
415-514-3324 (HCF)
415-476-6527 (Assistant HCF)—Retirees
hr.ucsf.edu/hcf

Santa Barbara
805-893-4201
hr.ucsb.edu/employee-services/counseling-consultation/health-care-facilitator-program

Santa Cruz
831-459-3573
shr.ucsc.edu/benefits/care_facilitator

Confidentiality

Facilitators are required to comply with Health Insurance Portability and Accountability Act (HIPAA) privacy and security laws mandating protection and safeguards for access, use and disclosure of personal health information. They follow UC's Group Insurance Regulations, the terms and conditions of plan contracts, and Medicare laws and regulations.

UC PLAN CARRIER CONTACT INFORMATION

Anthem Blue Cross
844-437-0486
(Core, UC Care, UC Health Savings Plan, UC High Option Supplement to Medicare, UC Medicare PPO, UC Medicare PPO without Prescription Drugs)

CONEXIS
(Flexible Spending Account Plans)
877-722-2667

HealthEquity
(Health Savings Account with UC Health Savings Plan)
866-212-4729

Health Net
800-539-4072
(Blue & Gold HMO, Seniority Plus)
Behavioral Health Services for Health Net
Medicare members: please refer to your Health Net ID card

Kaiser Permanente—CA
800-464-4000

Kaiser Senior Advantage
800-443-0815

Optum Behavioral Health
888-440-8225

OptumRx
855-489-0651
(Core, UC Care, UC Health Savings Plan)
855-798-4682
(UC High Option Supplement to Medicare, UC Medicare PPO)

Western Health Advantage
888-563-2252

Delta Dental PPO
800-777-5854

DeltaCare® USA
800-422-4234

Vision Service Plan (VSP)
866-240-8344

University of California Nondiscrimination and Affirmative Action Policy Statement

The University of California prohibits discrimination against or harassment of any person employed by or seeking employment with the University on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, recently separated veterans, Vietnam era veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized).

The University of California is an affirmative action/equal opportunity employer. The University undertakes affirmative action to assure equal employment opportunity for minorities and women, for persons with disabilities, and for special disabled veterans, recently separated veterans, Vietnam era veterans, and any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's equal employment opportunity policies may be directed to:

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 Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 5th Floor, Oakland, CA 94607 and for faculty to the Office of Academic Personnel, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.

For Employees: What is the Employee Assistance Program?



The Employee Assistance Program is provided by ComPsych® GuidanceResources® and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to all our employees and their household family members.

Why provide an EAP?

Because we care about our employees and their dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

What happens when I call?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultantSM will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.

UC SANTA CRUZ

COMPSYCH®
GuidanceResources® Worldwide



24/7 Live Assistance:
Call: 1-844-209-0464
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceNowSM
Web ID: UCSC



WELCOME

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Your benefits at a glance

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1.

Getting Started

Starting a new job involves a lot of choices. This quick-reference guide is designed to help you understand the many benefits available, and how to get started choosing the ones that are right for you.

Welcome to UC! Read this guide to learn more about your benefits choices and how and when to enroll. For more details, keep *A Complete Guide to Your UC Health and Welfare Benefits*, the *Retirement Benefits Decision Guide* and *A Complete Guide to Your UC Retirement Benefits* handy. They're included in your Welcome Kit, and available on UCnet.

The summaries in this quick-reference guide explain the plan 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 Administrator has the authority to interpret disputed provisions.

COLLECTIVE BARGAINING

UC is committed to establishing and maintaining cooperative relations with its unions, and to bargaining constructively and in good faith to come to agreement on the terms and conditions of employment for the roughly 90,000 UC employees in 31 bargaining units.

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. For example, some bargaining units currently participate in the 2016 Retirement Choice Program and some do not.

The information in this booklet reflects the terms of the benefit plans as in effect Jan. 1, 2023. Please note that this is a summary of your benefits only; additional requirements, limitations and exclusions may apply. Refer to applicable plan documents and regulations for details. The applicable plan documents and regulations and other applicable UC policies will take precedence if there is a difference between the provisions therein and those of this document.

Terms and conditions of employment for exclusively represented employees are spelled out in the detailed contracts that the university and the unions have negotiated. Contract provisions cover all aspects of employment. If you are in a bargaining unit, you can find the contract that applies to you on the Labor Relations website (ucal.us/laborrelations), or directly from the union. If you have questions about the details of contract provisions and implementation or union representation, contact the union directly.

More Information:
ucal.us/laborrelations

Tip:

The sooner the better

Your benefits are valuable, so don't wait to enroll.

Retirement benefits: 90 days

It pays to enroll and start building your retirement benefits **well before your deadline**. If you're eligible for a choice of retirement benefits, your benefits will be **prospective** from the date you enroll — you lose UC contributions and service credit if you wait to enroll. See section 5 for details on your retirement benefits choices.

Health and welfare benefits: 31 days

Don't miss this important deadline. Faculty have a second 31-day period of eligibility that begins on their first day on campus.

SO LET'S GET STARTED...

Attend a live UCPATH benefits webinar to ask questions and learn more about UC's benefits program. See ucal.us/ucpathwebinar for a schedule.

Gather your family members' Social Security numbers and birthdates; you'll need them for benefits enrollment.

You'll need to set up a UCPATH account to enroll in and manage your health and welfare benefits and a UC Retirement At Your Service (UCRAYS) account to designate beneficiaries and manage your UC Retirement Plan (UCRP) benefits (if you have a pension benefit). If you don't have access to a computer, you can call UCPATH at 855-982-7284 for help with your benefits enrollment.

SET UP YOUR BENEFITS ACCOUNTS

For easy access to all of your benefits accounts, go to UCnet (ucal.us/ucnet) and select "Faculty/Staff" to see sign-in buttons for your benefits accounts.

UCPATH

1. Click on "UCPATH" from the UCnet homepage, or go to ucpath.universityofcalifornia.edu.
2. Sign in by using your network username and password.
3. Using the links on the dashboard and in the left menu, update your account with your contact information (under "Personal Information") and save time and paper by opting for direct deposit and electronic delivery of tax forms (under "Income and Taxes").

UCRAYS

1. Click on "UCRAYS" from the UCnet homepage, or go to retirementatyour.service.ucop.edu to create your account.
2. After agreeing to UC's privacy statement and terms of use, enter —

for your first login only — your Social Security number and date of birth.

3. For security, you'll be asked a few questions based on personal information that only you are likely to know.
4. Create your UCRAYS password.
5. If you're using a computer or smartphone that is secure, register your trusted device. This can reduce the steps in the login process.
6. Add your cell phone number and personal email address, if they're not already on file.

Now you're ready to enroll in health and other benefit plans.**ENROLL IN HEALTH AND WELFARE BENEFITS**

You're eligible for Full, Mid-Level or Core benefits depending on the type of appointment you have. You'll see your benefits eligibility in your UCPATH account. For details about your eligibility, see page 5 in *A Complete Guide to Your UC Health and Welfare Benefits*.

To enroll online, sign in to your UCPATH account. You don't have to do it all at once — you are free to sign in anytime during your first 31 days of employment to complete your enrollment choices. That includes weekends and holidays.

Meet ALEX!

Choosing benefits doesn't have to be complicated. ALEX is a confidential online tool that helps you select the best benefits for you and your family.

Tell ALEX a little about yourself and get personalized guidance for making the most of your UC health and welfare benefits.
myalex.com/uc/2023.

If you're a faculty member and you miss the period of eligibility, you have a second 31-day period of eligibility that begins on your first day on campus.

If you don't take any action during this 31-day period of eligibility, you and your dependents will not be enrolled in UC-sponsored coverage. In most cases, you won't be able to change benefit plans or enroll family members until the next Open Enrollment period. You will also face more stringent requirements to enroll in some UC-sponsored insurance programs, including voluntary disability and supplemental life insurance.

VERIFY YOUR FAMILY MEMBERS' ELIGIBILITY

If you enroll family members in UC benefit plans, you must provide documents to verify their eligibility for coverage. Watch for the Family Member Eligibility Verification packet in the mail to find out what you need to do.

More Information:

ucal.us/fmy

Please note that this is a summary of your benefits only; additional requirements, limitations and exclusions may apply. Refer to applicable plan documents and regulations for details. The applicable policy issued by the carrier and the University of California Group Insurance Regulations and other applicable UC policies will take precedence if there is a difference between the provisions therein and those of this document.

Tips:

Name your beneficiaries.

Don't forget to name beneficiaries for your life insurance and accidental death and dismemberment benefits, your Health Savings Account if you have one and your UCRP benefits if you choose a pension. You can name the same or a different beneficiary for each plan, and you can name more than one beneficiary for any plan. Just select "My Beneficiaries" on UCRAYS and follow the instructions. For retirement plans other than UCRP (Savings Choice or UC's voluntary Retirement Savings Program plans), select "update beneficiaries" on myUCretirement.com.

Confirm your choices.

About 10 days after you have enrolled, check your UCPath account to verify coverage for you and your family members. It's your responsibility to promptly notify UCPath of any errors in your enrollment. The month after you enroll, review your earnings statement to be sure it reflects the correct benefit choices. Report discrepancies to UCPath immediately.

Keep your records up to date.

Keep your address, email address and phone number up to date on all of your benefits accounts so UC can properly administer your benefits and keep you informed of changes to your benefits.

Are you in a domestic partnership?

If you are a UCRP member, enrolling your domestic partner in health benefits and successfully completing the eligibility verification process will establish your partner as your survivor for UCRP benefits, subject to additional eligibility requirements. See "Benefits for Domestic Partners" on UCnet for details.

2.

Medical, Dental, Vision and Supplemental Health

Your health is important to us, and we offer a wide range of health benefits to help take care of you and your family.

MEDICAL PLANS

UC offers you a wide choice of medical plans. Some have lower premiums; others provide more flexibility in the doctors and hospitals you can use. All of the plans offer comprehensive benefits including medical and behavioral health office visits, hospital services and prescription drug coverage.

To help you choose, check out “Comparing UC’s plans” on the next page. You can find details about your costs at ucal.us/compareplans

Your medical plan premiums are deducted from your pay before taxes are calculated, so you save on taxes.

More Information:

A Complete Guide to Your UC Health and Welfare Benefits, page 19

Online: ucal.us/medicalplans

DENTAL PLANS

If you’re eligible for Full benefits, you have a choice of two dental plans: Delta Dental PPO and DeltaCare USA, which is similar to a medical HMO, with a network of dentists. UC pays the full cost of either plan for you and your family.

Check out the DeltaCare USA network of dentists before choosing between the two plans, since the network is limited in some areas of California.

More Information:

A Complete Guide to Your UC Health and Welfare Benefits, page 24

Online: ucal.us/dental

VISION PLAN

If you’re eligible for Full benefits, UC pays the full cost of vision insurance premiums for you and your family. The plan covers exams, lenses, frames (every other year) and contact lenses.

More Information:

A Complete Guide to Your UC Health and Welfare Benefits, page 28

Online: ucal.us/vision

ACCIDENT, CRITICAL ILLNESS AND HOSPITAL INDEMNITY PLANS

UC offers three supplemental insurance plans that pay cash benefits if you experience a covered accident, illness or hospital stay.

UC’s Accident, Critical Illness and Hospital Indemnity Plans are not a substitute for medical or disability coverage, but they can complement your coverage with extra protection against the unexpected.

You pay the premiums for the plan(s) you choose through after-tax payroll deductions.

More Information:

A Complete Guide to Your UC Health and Welfare Benefits, page 29

Online: ucal.us/supplementalhealth

Tip:

For most plans, you’re covered on your first day at work, but it can take 30 to 60 days after you enroll for the insurance carrier to have a record of your enrollment. So if you need immediate services, check with your insurance carrier first to see if it has a record of your enrollment. If it doesn’t, contact UCPath for help.

COMPARING UC'S MEDICAL PLANS

This chart will help you better understand your medical plan options and identify the best choice for you. For all the facts and figures — and definitions of the terms below — see ucal.us/compareplans.

	Kaiser HMO (Kaiser Permanente)	UC Blue & Gold HMO (Health Net)
Premium Costs	\$	\$\$
<p>OUT-OF-POCKET COSTS</p> <p>What you'll pay for medical care</p> <p>Notes:</p> <ul style="list-style-type: none"> Preventive care is always free to you Out-of-pocket maximum (OOP max) includes deductible Amounts listed are for self coverage/family coverage (unless otherwise noted) 	<p>\$</p> <p>IN KAISER NETWORK</p> <p>Deductible: None Copayments (for example): \$20 doctor's office visits OOP max: \$1,500/\$3,000</p>	<p>\$</p> <p>IN-NETWORK</p> <p>Deductible: None Copayments (for example): \$20 doctor's office visits OOP max: \$1,000/ \$2,000 (2 people)/ \$3,000 (3 or more)</p>
<p>FINDING CARE</p> <p>How and where you find the care you need</p>	<p>Kaiser primary care provider helps manage care within network</p>	<ul style="list-style-type: none"> Primary care provider helps manage care within network UC Health providers in-network
<p>CONSIDER THIS PLAN IF YOU:</p>	<p>Want low, predictable costs, and appreciate the integrated care provided within the Kaiser network</p>	<p>Want low, predictable costs, and want access to UC Health providers</p>

<p>Choose University of California Health</p> <p>By selecting UC Health physicians through UC Blue & Gold HMO, CORE, UC Health Savings Plan or UC Care, you have access to innovative, state-of-the-art care across the UC Health system.</p>	<p>UC Health brings the strength of collaboration across six world class, top ranked academic health centers, four children's hospitals and 20 health professional schools. That means being cared for by a team of physicians, researchers and clinicians at the top of their fields who work together to share research, data and best practices.</p>
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UC Care PPO (Anthem)	UC Health Savings Plan PPO (Anthem)	CORE PPO (Anthem)
\$\$\$	\$	\$0
<p>UC SELECT: \$ Deductible: None Copayments (for example): \$20 doctor's office visits OOP max: \$6,100/\$9,700</p> <p>ANTHEM PREFERRED: \$\$ Deductible: \$500/\$1,000 Coinsurance: 30% OOP max: \$7,600/\$14,200</p> <p>OUT-OF-NETWORK: \$\$\$ Deductible: \$750/\$1,750 Coinsurance: 50% OOP max: \$9,600/\$20,200</p>	<p>\$\$ HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTIONS: From UC: \$500/\$1,000 Your max (including UC contribution): \$3,850/\$7,750</p> <p>IN-NETWORK Deductible: \$1,500/\$3,000 Coinsurance: 20% OOP max: \$4,000/\$6,400</p> <p>OUT-OF-NETWORK Deductible: \$2,550/\$5,100 Coinsurance: 40% OOP max: \$8,000/\$16,000</p>	<p>\$\$\$ Deductible: \$3,000 Coinsurance: 20% OOP max: \$6,350/\$12,700</p>
<ul style="list-style-type: none"> • Dedicated Accolade care team listens to your needs, understands your coverage and connects you with the care you need, including options for virtual care and second opinions • UC Health providers in-network • National network; higher costs out-of-network for UC Care and UC Health Savings Plan 		
Are willing to pay higher premium for choice of provider tiers, with low costs for UC Select	Want to build tax-free savings in an HSA, and are willing to manage your health care expenses	Would rather pay higher deductible and out-of-pocket costs for care than monthly premium

3.

Disability, Life and Accidental Death and Dismemberment Insurance

To help you prepare for the unexpected, UC offers insurance plans to provide a financial safety net for you and your family.

DISABILITY INSURANCE

Disability insurance replaces some of your wages if you have an illness or injury that prevents you from working for an extended period of time, including for pregnancy and childbirth.

Unlike most employers in California, UC does not participate in State Disability Insurance (SDI). Instead, UC offers its own Basic and Voluntary Disability insurance plans to those eligible for Full, Mid-Level or Core benefits. You're automatically enrolled in Basic Disability, at no cost to you. Basic Disability pays a maximum benefit of \$800 per month, for up to six months. The six-month benefit period includes a 14-day waiting period before you begin receiving benefits, and you must use up to 22 days of sick leave, if available.

The \$800 per month maximum Basic Disability benefit provided by UC may not be enough to cover your living expenses if you are unable to work due to disability. For greater financial protection, you may choose to enroll in Voluntary Short-Term Disability, Voluntary Long-Term Disability or both. The voluntary plans provide up to 60 percent of your eligible earnings, to a maximum benefit of \$15,000 per month. Voluntary Disability income is generally not taxable, since you pay the premiums with after-tax dollars.

The start date and duration of your benefits depend on the level of coverage you choose:

- Short-Term only — You'll be covered, but only for up to six months. The six month benefit period includes a 14-day waiting period before you begin receiving benefits, and you must use up to 22 days of sick leave, if available.
- Long-Term only — Coverage begins after seven months and continues until your Social Security normal retirement age for most conditions.

- Choosing both Voluntary Short and Long-Term Disability provides the most comprehensive coverage for all types of disability leaves.

Premium costs depend on your monthly salary, age, retirement plan and the level of coverage you choose.

Plan Carefully:

Enrollment in Voluntary Disability is guaranteed **only if you enroll during your 31-day period of initial eligibility.** If you apply for coverage at a later date you will be required to submit evidence of insurability and previous or existing medical conditions may prevent the approval of your application.

Tool:

Insurance Premium Estimator
ucal.us/premiuvestimator

More Information for Faculty:

Disability Benefits for Faculty
 Online: ucal.us/disabilityfaculty

More Information for Staff:

Your Guide to UC Disability Benefits
 Online: ucal.us/disabilitystaff

Tip:

Be sure you understand the Basic and Voluntary Disability benefits and the sick leave policies and/or paid medical leave policies that apply to you before making a decision about enrolling in Voluntary Short-Term Disability, Long-Term Disability or both.



LIFE INSURANCE

UC provides Basic Life insurance equal to your base pay, up to \$50,000, if you are eligible for Full benefits. If you have Mid-level or Core benefits, your life insurance is \$5,000. UC provides these plans at no cost to you.

Faculty and staff with Full or Mid-level benefits may also enroll in Supplemental Employee and Dependent Life insurance. You pay monthly premiums for the supplemental plans.

Plan Carefully:

Enrollment in Supplemental Life is guaranteed **only if you enroll during your first 31 days**. If you apply for coverage at a later date you will be required to submit evidence of insurability, and previous or existing medical conditions may prevent the approval of your application.

Tool:

Life Insurance Premium Estimator
ucal.us/lifepremiumentimator

More Information:

A Complete Guide to Your UC Health and Welfare Benefits, page 34
Online: ucal.us/lifeinsurance

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

To help protect you and your family from the financial impact of an accident, UC offers Accidental Death & Dismemberment (AD&D) insurance. There are several levels of coverage for you and your family. You can enroll in, increase or decrease your AD&D coverage at any time. The rate chart for premiums is online at: ucal.us/adanddpremiums

More Information:

A Complete Guide to Your UC Health and Welfare Benefits, page 39
Online: ucal.us/accidentaldeath

2023 A Complete Guide to Your UC Health and Welfare Benefits

Welcome to the University of California!

As a University of California employee, you help shape the quality of life for people throughout California and around the world.

Every faculty and staff member plays an important role in UC's mission of education, research and public service; UC's high-quality, comprehensive benefits are among the rewards you receive in return. These benefits are an important part of your total compensation.

Our health and welfare benefits program provides both choice and value to meet the needs of our diverse workforce.

We know that making benefits choices can be a bit overwhelming. So we have tools and information to help you make the right choices for you and your family.

This booklet offers a comprehensive overview of your health and welfare benefits options, including details about eligibility, enrollment and the plans available to you. It also explains how changes in your life and in your employment status can affect your benefits. Keep this booklet, and *Your Benefits at a Glance* (included in your Welcome Kit), for future reference.

UCnet (ucnet.universityofcalifornia.edu) offers additional tools and information, along with ongoing updates about your benefits. Visit UCnet whenever you have questions about your benefits or want to make changes. You can also call your local Benefits Office or any of the plans. You'll find their contact information on the insert at the front of this booklet.

The information in this booklet reflects the terms of the benefit plans as in effect Jan. 1, 2023. Please note that this is a summary of your benefits only; additional requirements, limitations and exclusions may apply. Refer to applicable plan documents and regulations for details. The applicable policy issued by the carrier and the University of California Group Insurance Regulations and other applicable UC policies will take precedence if there is a difference between the provisions therein and those of this document.



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General Eligibility Rules for UC Health and Welfare Benefits

UC offers three benefits packages — Full, Mid-Level and Core. Your eligibility for a particular benefits package depends on the type of job you have, the percentage of time you work and the length of your appointment.

The eligibility requirements are listed below. See the chart on pages 10 to 12 for a list of the benefits available to you, based on the level of benefits for which you qualify.

REQUIREMENTS FOR EMPLOYEES IN CAREER, ACADEMIC, LIMITED, PARTIAL-YEAR CAREER, CONTRACT AND FLOATER APPOINTMENTS

FULL BENEFITS

You are eligible for Full Benefits if you are an active UCRP member, an active Savings Choice participant or have begun the 90-day election period during which you can choose between Pension Choice and Savings Choice.¹

There are two ways to qualify for these primary retirement benefits:

- You are appointed to work in a retirement-eligible position at least 50 percent time for a year or more² or
- You complete 1,000 hours in a retirement-eligible position within a rolling 12-month period (750 hours in certain instances³).

MID-LEVEL BENEFITS

You are eligible for Mid-Level Benefits if:

- You are appointed to work 100 percent time for at least three months but for less than one year or
- You are appointed to work at least 50 percent time for a year or more in a position that does not qualify you for the primary retirement benefits noted above.

CORE BENEFITS

You are eligible for Core Benefits if you are appointed to work at least 43.75 percent time.

¹ In a few specifically defined situations, UC employees may be eligible to participate in UC health and welfare benefits while being enrolled in a non-UC retirement plan. Eligible employees may have been covered by entities that were acquired by the University and/or they may have opted to remain in a previous public retirement plan at the time of UC employment.

² Or your appointment form shows that your ending date is for funding purposes only and that your employment is intended to continue for more than a year.

³ If you're a member of the Non-Senate Instructional Unit, you qualify for participation in the Retirement Choice Program after working 750 hours in an eligible position within a 12-month period.

⁴ An adult dependent relative is not eligible for coverage in UC plans unless enrolled prior to Dec. 31, 2003 and continuously eligible and enrolled since that date. Also, remember: If your eligible adult dependent relative is still enrolled in the plan, you cannot enroll your spouse or domestic partner. The eligible adult may be enrolled only in the same plans as you. See the chart on page 10 for more information on eligible plans.

REQUIREMENTS FOR EMPLOYEES IN PER DIEM, CASUAL/RESTRICTED (STUDENTS), BY AGREEMENT AND SEASONAL APPOINTMENTS

CORE BENEFITS

You are eligible for Core Benefits if you are appointed to work at least 75 percent time for at least three months.

ELIGIBLE FAMILY MEMBERS

You may enroll one eligible adult family member in addition to yourself. Your children are also eligible for enrollment as outlined below.

ELIGIBLE ADULT

You may enroll your spouse or an eligible domestic partner.⁴

No declaration form or documentation is needed to initially enroll your domestic partner, but you will be asked to submit documentation after enrollment (see “Supporting Documentation” in Benefits for Domestic Partners) to establish ongoing eligibility for health and welfare benefits. To be eligible for health and welfare benefits, your domestic partnership must meet one of the following requirements:

- Registered with the State of California or other valid jurisdiction OR
- Able to meet the requirements on page 13 for a partnership that has not been registered, with appropriate supporting documentation upon request

Please note: Enrolling your domestic partner in health benefits and successfully completing the eligibility verification process will establish your partner as your survivor for UC Retirement Plan benefits, subject to additional eligibility requirements.

General Eligibility Rules for UC Health and Welfare Benefits

ELIGIBLE CHILD

You may enroll your eligible children up to age 26 in the same plans as those in which you enroll. A disabled child may be covered past age 26, if the disability is verified by the carrier or a physician. You may also enroll your legal ward up to age 18 in the same plan(s) as those in which you enroll. The Family Member Eligibility chart on pages 13 and 14 gives the eligibility criteria for children, stepchildren, grandchildren, disabled children and legal wards. You may enroll your eligible domestic partner's child or grandchild, even if you do not enroll your partner.

In order to be eligible for UC-sponsored coverage, your grandchild, step-grandchild, or legal ward (see Family Member Eligibility chart) must be claimed as a tax dependent by you or your spouse. Your eligible domestic partner's grandchild must be claimed as a tax dependent by you or your domestic partner. Also eligible are children UC is legally required by administrative or court order to provide with group health coverage.

Overage disabled children must be claimed as a tax dependent by either you or your spouse/domestic partner. If overage disabled children are not claimed as a dependent for income tax purposes, the overage disabled child must be eligible for Social Security income or Supplemental Security Income (SSI) as a disabled person or work in supported employment which may offset the Social Security or SSI.

Your children (or legal ward) are eligible for only the plans for which you are eligible and in which you have enrolled (See "Benefits Overview," pages 10–12).

Except as provided in the following paragraph, application for coverage beyond age 26 due to disability must be made to the plan 60 days prior to the date coverage is to end due to the child reaching limiting age. If application is received within this timeframe but the plan does not complete determination of the child's continuing eligibility by the date the child reaches the plan's upper age limit, the child will remain covered pending the plan's determination. The plan may periodically request proof of continued disability, but not more than once a year after the initial certification. Disabled children approved for continued coverage are eligible to participate in university-sponsored medical, dental, vision, accident, critical illness, hospital indemnity, legal, dependent life and AD&D plans for faculty and staff. If enrollment is transferred from one UC plan to another, a new application for continued coverage is not required; however, the new plan may require proof of continued disability, but not more than once a year.

If you are a newly hired employee with a disabled child over age 26 or if you acquire a disabled child over age 26 (through marriage, adoption or domestic partnership), you may also apply for coverage for that child. The child's disability must have begun prior to the child turning age 26. Additionally, the child must have had continuous group health coverage since age 26. The plan will

ask for proof of continued disability, but not more than once a year after the initial certification.

TAX IMPLICATIONS OF ENROLLING A DOMESTIC PARTNER

In most cases, your domestic partner and your partner's children do not automatically qualify as your dependents under the Internal Revenue Code (IRC). That means any UC contribution toward their medical, dental and vision coverage will be considered "imputed income" or taxable income for federal tax purposes. This income is reflected in your annual W-2 statement.

If your domestic partner and partner's children or grandchildren are your dependents as defined by the IRC, you are not subject to imputed income on UC contributions toward health coverage for these family members.

In order for your payroll records to accurately reflect this tax dependency, you'll need to report it to UC. Indicate the tax status of your partner and/or partner's children on UCPath when you enroll them in benefits.

UC's contribution for medical, dental and vision coverage is not considered imputed income for California state income tax purposes if you and your domestic partner have registered your partnership with the state of California. Also, if your partner's child is considered your stepchild under state law, federal imputed income will not apply to UC's contribution toward the child's coverage.

If your domestic partner is covered as your family member and the two of you marry, be sure to update your information in UCPath so that imputed income and state taxes no longer apply.

OTHER ELIGIBILITY RULES AND INFORMATION

NO DUPLICATE COVERAGE

UC rules do not allow duplicate coverage. This means you may not be covered in UC-sponsored plans as an employee and as an eligible family member of a UC employee or retiree at the same time.

If you are covered as an eligible family member and then become eligible for UC coverage yourself, you have two options:

- You can opt out of your own employee coverage and remain covered as another employee's or retiree's family member or
- You can enroll in your own coverage; before you enroll, though, you must make sure the UC employee or retiree who has been covering you disenrolls you from his or her UC-sponsored plan.

Family members of UC employees may not be enrolled in more than one UC employee's plan. For example, if spouses both work for UC, their children cannot be covered by both parents.

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

ELIGIBILITY VERIFICATION

When you enroll anyone in a plan as a family member, you must provide documentation specified by the University verifying that the individual(s) you have enrolled meet the eligibility requirements outlined above. The plan may also require documentation verifying eligibility status. In addition, the University and/or the plan reserve the right to periodically request documentation to verify the continued eligibility of enrolled family members.

UnifyHR, which administers the family member eligibility verification process, will send you a packet of materials to help you complete the verification process. If you fail to provide the required documentation by the deadline specified in these materials, your family member(s) will be disenrolled until verification is provided (upon verification, re-enrollment is prospective, not retroactive). Individuals who are not eligible family members will be permanently disenrolled.

You also may be responsible for any UC-paid premiums due to enrollment of ineligible individuals.

WHEN COVERAGE BEGINS

The following effective dates apply provided the appropriate enrollment transaction (electronic or paper form) has been completed within the applicable enrollment period.

- If you enroll during a Period of Initial Eligibility (PIE), coverage for you and your family members is effective the date the PIE starts.
- If you enroll during Open Enrollment, the effective date of coverage is the date announced by the University. In most cases, it is the Jan. 1 following Open Enrollment.
- If you complete a 90-day waiting period for medical coverage, such coverage is effective on the 91st consecutive calendar day after the date the enrollment form is received.

FAMILY MEMBERS

When you have a family status change, coverage begins on the first day you have a new family member — such as a spouse, domestic partner, newborn or newly adopted child.

If you are already enrolled in adult plus child(ren) or family coverage, you may add additional children, if eligible, at any time after their PIE.

CONTINUING ELIGIBILITY

UC bases your ongoing eligibility for benefits on your average hours of service⁵ over a 12-month, standard measurement period (SMP). UC's SMP for monthly-paid employees is Nov. 1–Oct. 31; for bi-weekly paid employees, the SMP includes the pay periods inclusive of those same dates (for example, in 2023, it runs from Nov. 6, 2022, until Nov. 5, 2023).

If your hours during the SMP meet the threshold to be offered coverage, then that coverage must be offered, and if accepted, will be provided during the subsequent stability period, regardless of your number of hours during the stability period (as long as you remain employed). UC's standard stability period for all employees is Jan. 1–Dec. 31.

If your hours during the SMP do not meet the threshold, then all coverage ends on Dec. 31.

The required average hours of service threshold is:

Appointment Type	Average Hours Threshold
Career, Academic, Limited, Partial-Year Career, Contract, Floater	17.5 hours per week
Per Diem, Casual/Restricted (students), By Agreement or other flat-dollar payments, Seasonal	30 hours per week

⁵ Defined as all hours on pay status (including hours on call, hours on paid vacation, paid holiday, paid sick leave, paid sabbatical, paid jury duty, or any other paid leave) as well as hours on unpaid leave protected by the federal Family & Medical Leave Act, unpaid jury duty, and unpaid leave protected by the Uniformed Services Employment & Reemployment Rights Act. May also include up to 501 hours during the SMP due to "employment break periods" of at least 4 consecutive weeks (e.g., academic breaks, etc.).

General Eligibility Rules for UC Health and Welfare Benefits

WHEN COVERAGE ENDS

The termination of coverage provisions established by the University are summarized below.

DISENROLLMENT DUE TO LOSS OF ELIGIBLE STATUS

If you are an employee and lose eligibility, your coverage and that of any enrolled family members ends at the end of the month in which eligible status is lost.

OTHER DISENROLLMENTS

If you are enrolled in a health and welfare plan that requires premium payments, and you do not continue payment, your coverage will be terminated at the end of the last month for which you paid.

You and/or your family members may be disenrolled if you and/or a family member misuse the plan, as described in the Group Insurance Regulations. Misuse includes, but is not limited to, actions such as falsifying enrollment or claims information; allowing others to use the plan identification card; intentionally enrolling, or failing to disenroll, individuals who are not/no longer eligible family members; threats or abusive behavior toward plan providers or representatives.

LEAVE OF ABSENCE, LAYOFF, CHANGE IN EMPLOYMENT STATUS OR RETIREMENT

Coverage may end when you go on unpaid leave or leave UC employment. For information about continuing your coverage in the event of an authorized leave of absence, layoff, change of employment status or retirement, contact the person who handles benefits for your location.

FAMILY CHANGES THAT RESULT IN LOSS OF COVERAGE

If your family member loses eligibility, you must complete the appropriate transaction to remove him or her from coverage within 31 days of the eligibility loss event.

Divorce, legal separation, termination of domestic partnership, annulment. Eligibility for your spouse or domestic partner and any children for whom you are not the legal parent/guardian ends on the last day of the month in which the event occurs. Your legally separated spouse, former spouse or former domestic partner and the former partner's child or grandchild may continue certain coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) or they may seek individual coverage, including through the health care marketplace (coveredca.com). If a settlement agreement between you and your legally separated/former spouse or domestic partner requires you to provide coverage, you must do so on your own.

An eligible child turning age 26. Unless a child is eligible to continue coverage because of disability, coverage ends at the end of the month in which the child reaches age 26. This rule applies to your biological and adopted children, stepchildren, grandchildren, step-grandchildren and your domestic partner's children or grandchildren. Certain coverage may be continued under COBRA or they may seek individual coverage, including through the health care marketplace (coveredca.com).

A legal ward turning age 18. Eligibility ends at the end of the month in which the legal ward turns 18. Your legal ward may continue certain coverage under COBRA or they may seek individual coverage, including through the health care marketplace (coveredca.com).

Death of a family member. Coverage for the family member ends at the end of the month in which the death occurs. It is important to contact your local Benefits Office for further assistance in the event of an enrolled family member's death.

CONTRACT TERMINATION

Health and welfare benefits coverage is terminated when the group contract between the University and the plan vendor is terminated. Benefits will cease to be provided as specified in the contract and you may have to pay for the cost of those benefits incurred after the contract terminates. You may be entitled to continued benefits under terms described in the plan evidence of coverage booklet. (If you apply for an individual conversion plan, the benefits may not be the same as you had under the original plans.)

OPPORTUNITIES FOR CONTINUATION

If you separate from UC employment, generally, your UC-sponsored benefits will stop. If you retire from UC, see the *Group Insurance Eligibility Fact Sheet for Retirees and Eligible Family Members* (available on the UCnet website at ucnet.universityofcalifornia.edu/forms/pdf/group-insurance-eligibility-factsheet-for-retirees.pdf) for more details.

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985): If you or any family member(s) lose eligibility for UC-sponsored medical, dental and/or vision coverage, you may be able to continue group coverage through COBRA.

If you are enrolled in the Health Flexible Spending Account (FSA) and you leave UC employment during the plan year, you may be able to continue your participation under COBRA through the end of the current plan year (Dec. 31) by making direct, after-tax payments to your account.

If you lose eligibility, the COBRA administrator will send you a "Qualifying Event Notice," which explains the procedure for continuing your participation. If your family member loses eligibility, you must request a COBRA package through UCPath. More information about COBRA continuation privileges is available online at ucal.us/COBRA or from your Benefits Office.

Conversion/Portability: Within 31 days after UC-sponsored coverage ends (if your participation has been continuous), you may be able to convert your group coverage to individual policies or continue (“port”) your group coverage. See the specific plan sections which follow for details.

Also, you may wish to contact the California Department of Managed Health Care at dmhc.ca.gov or 888-466-2219 to determine whether you are eligible for HIPAA Guaranteed Issue individual plan coverage or Covered California, California’s health insurance marketplace, at coveredca.com or 800-300-1506 to review options for purchasing individual plan coverage.

ELIGIBILITY FOR STATE PREMIUM ASSISTANCE

If you are eligible for health coverage from UC, but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage from their Medicaid or Children’s Health Insurance Program (CHIP) funds.

If you live in California, you can contact the California Medicaid (Medi-Cal) office for further information via email (HIPP@dhcs.ca.gov) or visit their website (dhcs.ca.gov). If you live outside California, go online to ucal.us/chipra for a list of states that currently provide premium assistance. You can also contact the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services at cms.hhs.gov; 877-267-2323, ext. 61565.

FOR MORE INFORMATION

- Participation Terms and Conditions on page 51
- *Benefits for Domestic Partners*
- Your local benefits office

Benefits Overview

	Benefits Packages				When You May Enroll				Premium Paid By		
HEALTH CARE	Full	Mid-Level	Core		During PIE	During OE	90-Day Wait ¹	Automatic	With SOH ²	Anytime	
Medical³ Choice of various options depending on your address, including health maintenance organization (HMO), preferred provider organization (PPO) or a PPO with a health savings account. See page 19.	•	•			•	•	•				You and UC
Medical — CORE Fee-for-service plan with no employee premium and a \$3,000 deductible. See page 19.	•	•	•		•	•	•				UC
Dental³ Choice of two plans: Delta Dental PPO, a fee-for-service plan, or DeltaCare® USA, a dental HMO (network available in California only). Both cover preventive, basic and prosthetic dentistry, as well as orthodontics. See page 24.	•				•	•					UC
Vision³ Plan covers a variety of vision care services including eye exams, corrective lenses and frames. See page 28.	•				•	•					UC
Accident, Critical Illness and Hospital Indemnity These plans are designed to complement medical and disability benefits, but are not a replacement for them. Plans pay cash benefits directly to you if you experience a covered accident, illness or hospital stay.	•	•	•		•	•					You

DISABILITY INSURANCE

Basic Disability⁴ Provides basic coverage when unable to work due to pregnancy/childbirth or due to a disabling injury or illness not related to work. Pays 55% of eligible earnings for up to six months (\$800 monthly maximum), after a waiting period. See page 31.	•	•	•					•			UC
Voluntary Short-Term⁴ and/or Voluntary Long-Term Disability⁵ Provides short-term and/or long-term coverage for disabilities that are not related to work, such as pregnancy/childbirth, injury or illness. Supplements employer-paid Basic Disability and other sources of disability income you may receive (e.g., Workers' Compensation or Social Security), up to 60% of eligible earnings (\$15,000 maximum monthly benefit). Enroll in Voluntary Short-Term Disability, Voluntary Long-Term Disability or both. See page 31.	•	•	•		•				•		You
Workers' Compensation Provides state-mandated coverage for work-related injuries.	•	•	•					•			UC

¹ The 90-day waiting period is available when the PIE is missed. See page 19. You may need to pay part of your premiums on an after-tax basis.

² If you do not enroll during the PIE, you may apply for coverage by submitting an evidence of insurability/statement of health. The carrier may or may not approve your enrollment based on medical information in your application.

³ When you enroll in any UC-sponsored medical, dental or vision plan, you will not be excluded from enrollment based on your health, nor will your premium or level

of benefits be based on any genetic information or pre-existing health conditions. The same applies to your eligible family members.

⁴ Employees are not covered under California State Disability Insurance for period of employment at UC.

⁵ If you have a pre-existing condition which causes you to be disabled in your first year of coverage, your Voluntary Long-Term Disability benefits will not be payable. For more information, see the insurance carrier's summary plan description and *Your Guide to UC Disability Benefits*.

	Benefits Packages			When You May Enroll	During PIE	During OE	90-Day Wait	Automatic	With SOH	Anytime	Premium Paid By
	Full	Mid-Level	Core								
LIFE AND ACCIDENT INSURANCE											
Basic Life Provides employees eligible for Full Benefits with life insurance equal to annual base salary, up to \$50,000. Coverage is adjusted if appointment is less than 100% time. See page 34.	•							•			UC
Core Life Provides employees eligible for Core or Mid-Level Benefits with \$5,000 of life insurance. See page 34.		•	•					•			UC
Supplemental Life Provides employees with additional life insurance at group rates. Coverage up to four times annual salary (to \$1,000,000 maximum). See page 35.	•	•			•				•		You
Basic Dependent Life (Spouse/Domestic Partner) Provides \$5,000 of coverage. See page 37.	•	•			•				•		You
Basic Dependent Life (Child/ren) Provides \$5,000 for each child. See page 37.	•	•			•					•	You
Expanded Dependent Life (Spouse/Domestic Partner) Coverage for 50% (up to \$200,000) of employee's Supplemental Life amount. See page 37.	•	•			•				•		You
Expanded Dependent Life (Child/ren) Covers each child for \$10,000. See page 37.	•	•			•					•	You
Accidental Death & Dismemberment (AD&D) You may enroll at any time. Provides up to \$500,000 protection for employee and family for accidental death, loss of limb, sight, speech or hearing, or for complete and irreversible paralysis. See page 39.	•	•	•		•					•	You
Business Travel Accident Provides up to \$500,000 of coverage when an employee travels on official UC business. See page 41 for enrollment instructions.	•	•	•								UC

OTHER BENEFITS

Adoption Assistance No enrollment is required; see page 42.	•	•	•					•			UC
Legal Provides basic legal assistance for consultation/representation, domestic, consumer and limited defensive legal services and identity theft benefits. See page 43.	•	•	•		•	•					You
Pet Insurance You may enroll at any time; see page 45.	•	•	•							•	You
Automobile and Homeowner/Renter You may enroll at any time, subject to underwriting approval from the insurer. Visit farmersinsurancechoice.com/universityofcalifornia for details.	•	•	•							•	You
Family Care Resources Provides access to prescreened caregivers, pet sitters, tutors and other family services. You may enroll at any time; see page 46.	•	•	•							•	You

Benefits Overview

TAX-SAVINGS PROGRAMS

General Purpose Health Flexible Spending Account (Health FSA)

Lowers taxable income by allowing payment for up to \$2,850 of eligible out-of-pocket health care expenses on a pretax basis. Can be paired with any UC medical plan other than UC Health Savings Plan. See page 47.

Dependent Care Flexible Spending Account (DepCare FSA)

Lowers taxable income by allowing payment for up to \$5,000 (or \$3,000 if considered a “highly compensated employee” by the IRS; \$2,500 if married and filing a separate income tax return) of eligible dependent care expenses on a pretax basis. See page 48.

Health Savings Account (HSA) — Paired with UC Health Savings Plan

You and UC contribute to the HSA, up to the limits set each year by the IRS — for 2023, this limit is \$3,850 for individual coverage and \$7,750 for family coverage. People age 55 and over can make an additional “catch-up” contribution of \$1,000. Can only be paired with UC Health Savings Plan. See page 47.

	Benefits Packages			When You May Enroll						Pretax Salary Reduction
	Full	Mid-Level	Core	During PIE	During OE	90-Day Wait	Automatic	With SOH	Anytime	
General Purpose Health Flexible Spending Account (Health FSA)	•	•	•	•	•					•
Dependent Care Flexible Spending Account (DepCare FSA)	•	•	•	•	•					•
Health Savings Account (HSA) — Paired with UC Health Savings Plan	•	•		•	•					•

PIE: Period of Initial Eligibility **OE:** Open Enrollment **SOH:** Statement of Health

ELIGIBLE FAMILY MEMBERS	Eligibility	May enroll in						
		Medical	Dental	Vision	Accident, Critical Illness and Hospital Indemnity	Dependent Life	AD&D	Legal
Legal Spouse¹	Eligible	•	•	•	•	•	•	•
Domestic Partner A domestic partnership is eligible if it is: <ul style="list-style-type: none"> Registered with the state of California or A valid union, other than a marriage, entered into in another jurisdiction and recognized in California as substantially equivalent to a California registered domestic partnership or Unregistered, but meets all of the following criteria: <ul style="list-style-type: none"> Parties must be each other's sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely Neither party may be legally married or be a partner in another domestic partnership Parties must not be related to each other by blood to a degree that would prohibit legal marriage in the State of California Both parties must be at least 18 years old and capable of consenting to the relationship Both parties must be financially interdependent Parties must share a common residence 	Eligible	•	•	•	•	•	•	•
Biological or adopted child, stepchild, domestic partner's child²	To age 26	•	•	•	•	•	•	•
Grandchild, step-grandchild, domestic partner's grandchild² <ul style="list-style-type: none"> Unmarried Living with you Supported by you or your spouse/domestic partner (50% or more) Claimed as a tax dependent by you or your spouse/domestic partner 	To age 26	•	•	•	•	•	•	•
Legal ward <ul style="list-style-type: none"> Unmarried Living with you Supported by you or your spouse/domestic partner (50% or more) Claimed as your tax dependent Court-ordered guardianship required 	To age 18	•	•	•	•	•	•	•

¹ A legally separated or divorced spouse is not eligible for UC-sponsored coverage.

² Domestic partner must be eligible for UC-sponsored health coverage.

Benefits Overview

ELIGIBLE FAMILY MEMBERS

Overage disabled child (except a legal ward) of employee

- Unmarried
- Incapable of self-support due to a mental or physical disability incurred prior to age 26
- Enrolled in a UC group medical plan before age 26 and coverage is continuous; if eligible for enrollment in a UC plan after age 26 (during your PIE, qualifying life event or Open Enrollment, or if you newly acquire a disabled child over age 26), the child must have had continuous coverage since age 26
- Chiefly dependent upon you, your spouse or eligible domestic partner for support (50% or more)
- Claimed as your, your spouse's or your eligible domestic partner's 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 that may offset the Social Security or Supplemental Security Income
- Must be approved by the carrier before age 26 or by the carrier upon initial enrollment

Eligibility	May enroll in						
	Medical	Dental	Vision	Accident, Critical Illness and Hospital Indemnity	Dependent Life	AD&D	Legal
Age 26 or older	•	•	•	•	•	•	•



Enrollment

To be certain you get the benefits coverage you want, you should enroll yourself and your eligible family members when you first become eligible.

For step-by-step instructions on how to enroll, see *Your Benefits at a Glance*, which you received in your Welcome Kit.

WHEN TO ENROLL

DURING A PERIOD OF INITIAL ELIGIBILITY (PIE)

A PIE is a time during which you may enroll yourself and/or your eligible family members in UC-sponsored health and welfare plans. A PIE generally starts on the first day of eligibility — for example, the day you are hired into a position that makes you eligible for benefits. It ends 31 days later.

You should enroll online and complete the transaction by the last day of the applicable PIE. Paper enrollment forms are available and need to be received at the location noted on the form by the last day of the applicable PIE. (If the last day falls on a weekend or holiday, the PIE is extended to the following work day.)

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 your enrollment is completed during your PIE, coverage is effective the date the PIE began.

The PIE to enroll newly eligible family members starts the day your family member becomes eligible:

- For a spouse, on the date of marriage.
- For a domestic partner, on the date the domestic partnership is registered or the date that you verify that the partnership meets UC's criteria (see page 13).
- For a newborn child, on the child's date of birth

- For an adopted child, the earlier of:
 - the date the child is placed for adoption with you, or
 - the date you or your spouse/domestic partner has the legal right to control the child's health care.

A child is "placed for adoption" as of the date you assume and retain a legal obligation for the child's total or partial support in anticipation of the child's adoption.

If the child is not enrolled during the PIE beginning on that date, there is an additional PIE beginning on the date the adoption becomes final.

- For a legal ward, the effective date of the legal guardianship.

Where there is more than one eligibility requirement, the PIE begins on the date all requirements are satisfied.

During this family member PIE, some plans allow you to also enroll yourself and/or any other eligible family member who was not already enrolled during an earlier PIE. See the plan-specific sections at the back of this booklet. Remember that family members are only eligible for coverage in medical, dental, vision, accident, critical illness and hospital indemnity, legal, AD&D and dependent life coverage and must be enrolled in the same plans in which you are enrolled.

OTHER ENROLLMENT OPPORTUNITIES

If you don't enroll in benefits during your initial 31-day period of eligibility, you may be able to enroll yourself and your family members in some plans at other times, including:

OPEN ENROLLMENT

Usually held in the fall, Open Enrollment is your annual opportunity to make changes to your benefits, including:

- Transferring to a different medical or dental plan
- Adding or disenrolling eligible family members
- Enrolling in or opting out of UC-sponsored medical, dental, vision, accident, critical illness, hospital indemnity and legal plans
- Enrolling or re-enrolling in the Health and Dependent Care Flexible Spending Accounts

Changes made during Open Enrollment are effective Jan. 1 of the following year. Not all plans are available during every Open Enrollment.

Meet ALEX!

Choosing benefits doesn't have to be complicated. ALEX is a confidential online tool that helps you select the best benefits for you and your family.

Tell ALEX a little about yourself and get personalized guidance for making the most of your UC benefits.

myalex.com/uc/2023

WHEN YOU HAVE A FAMILY CHANGE

When you have a new family member, such as a spouse, domestic partner, newborn or newly adopted child, you may enroll yourself, the new family member and any other eligible family members not already enrolled in your UC-sponsored health plans. Other plans have different rules; see the plan-specific sections in this guide for details.

If you are enrolled in a UC-sponsored medical plan, you may transfer to a different plan. You may also enroll in or increase your Legal insurance, Accident, Critical Illness and Hospital Indemnity insurance, Supplemental Life insurance and Dependent Life insurance during this eligibility period (however, restrictions apply to Dependent Life insurance). There is no opportunity to enroll in Voluntary Short-Term or Voluntary Long-Term Disability insurance.

You have 31 days from the date your new family member becomes eligible to enroll the new member or to make any permitted plan changes (for example, 31 days from the day you marry or your child is born). You may enroll family members in your UCPath account; enrollment is not automatic.

You will be required to complete the Family Member Eligibility Verification process after enrolling the new family member. If you do not respond by the given deadline, your new family member may be disenrolled from the plans.

WHEN YOU LOSE OTHER COVERAGE

If you decline UC-sponsored coverage because you and/or your family members are covered elsewhere, and you later lose the other coverage, you may be eligible to enroll yourself and/or your eligible family members in a UC-sponsored plan. The same is true if you are enrolled in another employer-sponsored plan and the employer stops contributing to the cost of the coverage.

For medical, dental and vision coverage, you may enroll without waiting for the University's next open enrollment period if you have met all of the following requirements:

- You were covered under another health plan as an individual or dependent, including coverage under COBRA or CalCOBRA (or similar program in another state), the Children's Health Insurance Program or "CHIP" (called the Healthy Families Program in California), or Medicaid (called Medi-Cal in California).
- Coverage under another health plan for you and/or your eligible family members ended because you/they lost eligibility under the other plan or employer contributions toward coverage under the other plan terminated, coverage under COBRA or CalCOBRA continuation was exhausted, or coverage under CHIP or Medicaid was lost because you/they were no longer eligible for those programs.

- You properly file an enrollment form with the University during the 31-day PIE which starts on the day after the other coverage ends. Note that if you lose coverage under CHIP or Medicaid, your PIE is 60 days. You may need to provide proof of loss of coverage.

OTHER SPECIAL CIRCUMSTANCES

For medical, dental and vision coverage, you may enroll without waiting for the University's next open enrollment period if you are otherwise eligible under any one of the circumstances below:

- You or your eligible family members are not currently enrolled in UC-sponsored medical, dental or vision coverage and you or your eligible family members become eligible for premium assistance under the Medi-Cal Health Insurance Premium Payment (HIPP) Program or a Medicaid or CHIP premium assistance program in another state. Your PIE is 60 days from the date you are determined eligible for premium assistance. If the last day of the PIE falls on a weekend or holiday, the PIE is extended to the following work day if you are enrolling with paper forms.
- A court has ordered the University of California to provide coverage for a dependent child under your UC-sponsored medical, dental or vision plan pursuant to applicable law. The child must meet UC eligibility requirements.

IF YOU ARE A NEW FACULTY MEMBER

Newly appointed faculty members who don't enroll within 31 days of their start date have a second period of eligibility that begins on the first day of classes for the semester or quarter in which the appointment starts or the first day the faculty member arrives at the campus, whichever comes first.

Appeals

Any appeals regarding coverage denials that relate to eligibility or enrollment requirements are subject to the University of California Group Insurance Regulations. To obtain a copy of the Eligibility Claims Appeal Process, please contact the person who handles benefits for your location or visit [UCnet](#).



Medical Plans

Benefits packages: Full, Mid-Level, Core

Who's covered: You and your eligible family members

Who pays the premium: You and UC, for most plans

Medical coverage is one of the most important benefits that UC offers you and your eligible family members, and UC makes medical coverage as accessible and affordable as possible.

UC offers a range of high-quality medical plans with comprehensive coverage so you can choose the coverage that best meets your needs.

You should carefully evaluate your family circumstances and plan costs before selecting medical plan coverage. If you need more information about a specific medical plan, you'll find telephone numbers and links to all the plans' websites on the inside cover of this guide.

In addition to the general eligibility rules beginning on page 5 and plan eligibility rules found in each plan's evidence of coverage booklet, the following rules and information apply to UC medical plans.

ELIGIBILITY

The medical plans you're eligible for are based on whether your overall benefits package is Full, Mid-Level or Core.

If you are eligible for coverage, you must take action to enroll.

You may enroll in certain medical plans only if you meet the plan's geographic service area criteria.

If you or a covered family member is enrolled in Medicare, you are not eligible for the UC Health Savings Plan due to IRS rules that do not allow Medicare members to make or receive contributions to a Health Savings Account.

WITH A 90-DAY WAITING PERIOD

If you miss your initial enrollment period, you may enroll yourself and/or your family members in medical coverage at any time by submitting an enrollment form to your Benefits Office. Your medical coverage will become effective 90 calendar days from the date your form is received. Your premiums will be paid on an after-tax basis until the following Jan. 1.

IF YOU MOVE OUT OF A PLAN'S SERVICE AREA

If you move out of a plan service area, or will be away for more than two months, you and your eligible family members must transfer into a different plan available in your new location. If you later return to your original location, you will have a Period of Initial Eligibility during which you can re-enroll in your original plan if you choose.

TRANSITIONING TO MEDICARE

If you continue working at UC past age 65 and you have a UC-sponsored employee medical plan, you are not required to sign up for Medicare Parts A, B or D. Any family member covered by your employee plan, with the exception of your domestic partner in some cases, who becomes eligible for Medicare may also defer signing up for Medicare.

If you and/or any covered family members lose eligibility for the UC-sponsored employee plan, you and/or your Medicare-eligible family members should immediately enroll in Medicare or another employer group health plan to avoid any penalties from the Centers for Medicare and Medicaid Services (CMS).

If you plan to retire in 2023 and take a monthly retirement benefit, are eligible for retiree health insurance and expect to enroll in Medicare during the year, think carefully about the UC medical plan you choose. The choice you make will affect which Medicare plan you're transferred into when you turn 65. See ucal.us/medicare for more information.

WHAT THE PLANS COVER

UC's medical plans provide comprehensive coverage, including doctor visits, hospital services, prescription drugs and behavioral health services. Preventive care such as physical exams and immunizations are free of charge in all plans; some restrictions, such as using in-network providers, may apply.

There are no exclusions for pre-existing conditions.

An overview of the plans UC offers is on pages 20 to 22. The chart on page 23 provides a comparison of the plans.

COST OF COVERAGE

Your medical plan's monthly cost depends on:

- The plan you choose
- Whether you choose to cover yourself only or yourself and other family members and
- Your annual full-time equivalent salary from UC

Premium costs are available online at ucal.us/medicalpremiums and in *Which Medical Plan is Right for You?* included in your Welcome Kit.

Please note: Premium rates for certain employee groups may vary from those posted or printed. If you are represented by a union, your premiums are subject to collective bargaining. To confirm your premiums, sign in to your online benefits account or talk to your Benefits Office.

Medical Plans

HEALTH MAINTENANCE ORGANIZATIONS (HMO)

HMOs require you to choose a primary care physician (PCP) from their network of providers to coordinate your care. To see a specialist, you must have a referral from your PCP. The HMO covers your expenses only if your PCP has authorized the services, unless it's an emergency. You pay a copayment for some products and services, and there is no annual deductible.

You must live (or work, depending on the plan's rules) in the plan's service area to be eligible. Service areas are established by ZIP codes; you cannot use a P.O. box to establish eligibility.

If you want to know whether your ZIP code is in a plan's service area, check the plan's website or call the plan directly.

UC's HMOs are available only if you and your covered family members live and work in certain counties in California.

Health Net is the administrator of medical, behavioral health and pharmacy benefits for UC Blue & Gold HMO. Kaiser Permanente — CA is the administrator of medical, behavioral health and pharmacy benefits for Kaiser HMO. The administrator of your plan processes claims, creates a network of health care providers and pharmacies and sets clinical policies and guidelines.

UC'S HMO PLANS

UC Blue & Gold HMO	Offers a tailored network of medical groups, doctors and hospitals, and includes all of UC's medical centers and medical groups. For more information, see healthnet.com/uc .
Kaiser HMO	Offers a closed network, meaning you must use only Kaiser doctors and hospitals. For more information, see select.kp.org/university-of-california .

PREFERRED PROVIDER ORGANIZATIONS (PPO)

PPOs offer a broad network of providers and allow you the flexibility to see non-network providers if you wish. You don't need a referral to see specialists. Usually, you must meet the plan's deductible and then you pay coinsurance, which is a percentage of the cost of services. You pay a smaller percentage for in-network providers.

Anthem Blue Cross is the administrator of medical and behavioral health benefits for UC's PPO plans, and Navitus Health Solutions (Navitus) is the administrator of prescription drug benefits.

Accolade health assistants and nurses are members' first point of contact for help with health benefits questions, big or small.

UC's PPOs are the best option if you or your covered family members live outside California.

UC'S PPO PLANS

UC Health Savings Plan with Health Savings Account	This is a PPO plan with a Health Savings Account (HSA), which you can use to pay your eligible medical expenses. UC contributes to the HSA every year you are enrolled in the plan, and you can, too — federal tax-free. You pay the cost of medical services until you meet the deductible, then you pay a percentage of the cost of services, with lower costs when you use in-network providers. Your unused HSA funds roll over each year (funds are not use-it-or-lose-it). And, any funds you or UC contributes to your HSA are yours to keep, even if you leave UC. You can continue to contribute to your HSA as long as you are enrolled in a qualifying high deductible health plan. For more information, see uhealthplans.com and learn.healthequity.com/uc/hsa
UC Care	This is a PPO plan with three tiers of doctors and hospitals. If you use providers in the UC Select Network, which includes UC medical center doctors, hospitals and other facilities as well as select providers near UC locations without a medical center, you pay copayments for services. If you use other providers in the Anthem Preferred network, you pay 30 percent coinsurance once you've met the deductible. You pay a higher deductible and a greater percent of the coinsurance if you use a provider outside the network. For more information, see uhealthplans.com
CORE	This plan has no monthly employee premium, but has a higher deductible. You can choose any doctor, hospital, clinic or behavioral health provider, but you pay less if you use a provider in the Anthem Blue Cross PPO network. After you have met the plan's annual deductible, the plan pays for part of the cost of services. If you use non-network providers, you may need to pay for services up front and submit a claim; you receive reimbursement if the plan covers the service. For more information, see uhealthplans.com

ABOUT THE UC HEALTH SAVINGS PLAN (HSP) WITH HEALTH SAVINGS ACCOUNT (HSA)

The Health Savings Account (HSA), which is part of the UC Health Savings Plan (HSP), lets you pay for your out-of-pocket health care expenses with pretax contributions from you and federal tax-free contributions from UC.

With the HSA, administered by HealthEquity, you can use the funds at any time for qualified medical expenses or save them for future health care needs. Your HSA account balance rolls over annually; you keep the balance in the account, even if you don't use it or leave UC. You can use your HSA funds for qualifying medical expenses without paying any federal taxes — whether you pay with your HSA debit card or you pay out-of-pocket and file a claim directly with HealthEquity to get reimbursed. You earn interest on your account, and can invest any funds in excess of \$1,000 — the same way you invest funds in retirement savings accounts, except interest accrues federal tax-free. Contributions and earnings are subject to California income tax.

For 2023, the IRS allows HSA contributions up to \$3,850 for single/individual coverage and up to \$7,750 for family coverage (if you are covering at least one family member), inclusive of UC contributions. UC contributes up to \$500 for individual coverage and up to \$1,000 for all other coverage levels, depending on the effective date of your HSP coverage. You can also contribute with pretax payroll deductions, subject to payroll deadlines. You are responsible for making sure the combined HSA contributions are within the IRS limits. Individuals age 55 and older can make an additional “catch-up” contribution of \$1,000. You can make the additional contribution through your UCPath account. If you enroll in the UC Health Savings Plan anytime after January, UC's contribution to your HSA will be prorated for the calendar year. The proration schedule is available online (ucnet.universityofcalifornia.edu/compensation-and-benefits/health-plans/medical/hsa-proration-schedule.html).

Because of IRS rules, you must enroll in the UC Health Savings Plan and have a valid Social Security number and U.S. address to be eligible for and establish your HSA. In addition, you and your covered family members cannot enroll in UC's or in any general-purpose Health Flexible Spending Account.

If you or your dependent(s) are enrolled in Medicare, covered under TRICARE, or receiving Social Security Disability Insurance (SSDI), you cannot enroll in this plan, according to the IRS. Due to the UC contribution to your HSA, if you cover a family member and the family member is enrolled in Medicare, you cannot enroll in this plan unless you disenroll your Medicare-enrolled family member from your coverage. Remember that the entire UC contribution is deposited automatically at the beginning of the year and is based on your coverage level (individual or family).

Here are a few things to keep in mind if you become an HSP member. As an HSA owner, you must decide:

- Whether you are eligible to make contributions to an HSA
- The amount of the eligible contribution to the HSA for any calendar year
- The withdrawal of any excess contributions
- How funds in your HSA will be spent

You cannot delegate these responsibilities to the University or to HealthEquity. As the HSA owner, you are responsible for reporting all contributions and distributions to the IRS on your Form 1040.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE BENEFITS

Kaiser members have access to Kaiser's integrated behavioral health services as well as Optum Behavioral Health in-network services. Kaiser and Optum do not coordinate care or costs of behavioral health services. Each plan has specific requirements. Kaiser members should understand plan and authorization guidelines when they consider their options for behavioral health services.

UC Blue & Gold HMO members have behavioral health and substance abuse coverage provided by Managed Health Network (MHN, a Health Net company).

The first three in-network outpatient mental health office visits are covered at no cost to you for UC Blue & Gold and Kaiser members.

Behavioral health and substance abuse coverage is provided by Anthem Blue Cross for employees and retirees enrolled in:

- CORE
- UC Care
- UC Health Savings Plan (HSP)

The first three in-network mental health office visits are covered at no cost to you for UC Care.

If you enroll in CORE, UC Health Savings Plan or UC Care, you have access to both in-network and out-of-network behavioral health services. All other plans have in-network benefits only.

UC LIVING WELL PROGRAM

UC is committed to the well-being of employees and their family members and supports healthy living through the systemwide UC Living Well program.

UC Living Well offers faculty, staff and retirees access to programs, activities and resources that support healthy lifestyles.

Medical Plans

UC Living Well includes:

- Campus and health system wellness activities
- Programs and support from UC's benefits providers
- Preventive exams and screenings through UC's health plans
- Disease management programs offered by UC's medical plans to help manage chronic conditions such as diabetes and heart disease

Participation in on-site campus and health system wellness programs varies by location; contact your location's wellness coordinator for details.

For more information, visit the UC Living Well website (uclivingwell.ucop.edu).

GENERAL INFORMATION

CHOOSING A PRIMARY CARE PHYSICIAN (PCP)

UC's HMO plans require you to select a primary care physician (PCP). You may choose a different PCP for each family member or the same PCP for the entire family. You may choose a pediatrician as the PCP for your child(ren). If you use your work address to qualify for a plan, you must pick PCPs in the service area of your work address.

If you or your eligible family members do not select a PCP, your medical plan will assign one to you. You may change your PCP at any time by calling the plan directly.

If you want to receive care from a particular doctor, you should call the plan or check the plan's online doctor directory to confirm that the doctor is in their network and accepting new patients.

ID CARDS

Once you enroll, the medical plan will send identification cards for you and your enrolled family members. Although you're covered as soon as you enroll, it may take 30 to 60 days for the plan to have a record of your membership and send your ID card(s). If you need immediate services before you receive your card, first check with your plan to see if it has a record of your enrollment; if not, contact UCPath. You may also be able to download and print a temporary card from your carrier's website.

WHEN COVERAGE ENDS

Please note that if you lose eligibility for medical coverage while you are hospitalized or undergoing treatment for a medical condition covered by your medical plan, benefits will cease and you may have to pay for the cost of those services yourself. If you or a family member loses eligibility for medical coverage, you can, however, continue coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) for a period of time. If you are laid off, you may transfer to UC's lowest cost medical plan through COBRA.

You may be able to convert your coverage to an individual policy if you apply within 31 days of the date your UC-sponsored coverage or COBRA continuation coverage ends. Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your medical plan booklet or call your plan for more information. You may also seek individual coverage, including through the health care marketplace (coveredca.com).

FOR MORE INFORMATION

Evidence of Coverage booklets for all of UC's medical plans are available online at ucal.us/EOCs or from the carriers (see front of booklet for contact information).

If you have other questions about your medical benefits, including services, benefits, billing and claims, call the medical plan directly.

TIPS:

If you want access to UC medical centers and doctors:

- UC Health Savings Plan
- UC Blue & Gold HMO (if you are within service area)
- UC Care
- CORE

If you want lower monthly premiums:

- UC Health Savings Plan with HSA
- CORE
- Kaiser HMO
- UC Blue & Gold HMO

If you want more flexibility in choosing doctors:

- UC Health Savings Plan with HSA
- UC Care
- CORE

If you want predictable costs:

- UC Blue & Gold HMO
- Kaiser HMO

If you reside or have a child in college outside California:

- UC Health Savings Plan
- UC Care
- CORE

If you want one doctor to manage all your care:

- UC Blue & Gold HMO
- Kaiser HMO

UC MEDICAL PLANS	Your Monthly Premium	Your Costs for Services	Your Cost for Prescription Drugs: Generic/Brand/Non-formulary	Best Fit for People Who:
CORE You may use any doctor.	\$0	\$\$\$+ Except for certain preventive services, you pay the full cost until you reach the \$3,000 deductible. Then you pay 20%.	20%	<ul style="list-style-type: none"> • Want to pay no monthly premium • Want protection for catastrophic care • Are willing to risk incurring high out-of-pocket costs • Want direct access to many providers without need for referrals (includes UC Health providers)
UC Blue & Gold HMO Must use custom network of providers, except in emergencies	\$\$	\$ No deductible; you pay a copay for office visits and hospital stays; most other services have no charge.	Retail (30-day supply) \$5/\$25/\$40 Mail order (up to 90 days) \$10/\$50/\$80	<ul style="list-style-type: none"> • Want lower premium and cost per service • Are comfortable with HMO model: primary care physician manages care; no out-of-network coverage • Are content with the selection of community providers (includes UC Health providers)
Kaiser HMO Must use network providers, except in emergencies	\$	\$ No deductible; you pay a copay for office visits and hospital stays; most other services have no charge.	Retail (30-day supply) \$5/\$25/NA Mail order (31–100 days) \$10/\$50/NA	<ul style="list-style-type: none"> • Want lower premium and cost per service • Are comfortable with getting medical care only within the Kaiser system
UC Care 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.	\$\$\$	\$/\$/\$\$\$ UC Select Network providers: no deductible, and copay for office visits and hospital stays; Anthem Preferred providers: calendar year deductible and then 30% coinsurance; out-of-network: calendar year deductible and then 50% coinsurance.	Retail (30-day supply) \$5/ \$25/ \$40 Mail order (up to 90 days) \$10/\$50/\$80	<ul style="list-style-type: none"> • Want direct access to many providers without a referral (includes UC Health providers) • Want no deductible and fixed copay for using providers in the UC Select network • Want coverage when you are traveling or living abroad • You and/or your family members live outside California
UC Health Savings Plan May use most doctors without referral from primary care physician; in-network providers cost less. Health Savings Account (HSA) covers part of annual deductible before PPO coinsurance applies.	\$	\$\$ You have higher out-of-pocket costs until the deductible is met; you pay coinsurance thereafter. You may make pretax contributions to the Health Savings Account to help pay your out-of-pocket costs.	Full cost up to deductible; then 20% at in-network pharmacies; 40% at non-network pharmacies	<ul style="list-style-type: none"> • Want lower premium and broad access to providers • Are able to risk incurring greater out-of-pocket costs • Want tax-free savings for current and future health care costs • Want direct access to many providers without need for referrals (includes UC Health providers)

\$ Lowest costs in relation to all plans \$\$ Mid-range of costs in relation to all plans \$\$\$ Highest costs in relation to all plans

Dental Plans

Benefits packages: Full

Who's covered: You and your eligible family members

Who pays the premium: UC

Proper dental care plays an important role in your overall health. That's why UC provides dental coverage for you and your family, including routine preventive care and fillings, oral surgery, dentures, bridges and braces. You have a choice of two plans, a PPO and an HMO.

The following rules and information about UC's dental plans are in addition to the general eligibility rules beginning on page 5.

ELIGIBILITY

You are eligible to enroll in dental coverage only if you have Full Benefits.

If you are eligible for dental benefits, you must take action to enroll.

You may enroll in DeltaCare® USA only if you meet the plan's geographic service area criteria.

IF YOU MOVE OUT OF A PLAN'S SERVICE AREA

If you move out of a DeltaCare® USA plan service area, you and your eligible family members must transfer into a different plan available in your new location. If you later return to your original location, you will have a Period of Initial Eligibility to re-enroll in the DeltaCare® USA plan if you choose.

UC'S DENTAL PLANS

DELTA DENTAL PPO

The Delta Dental PPO plan, available worldwide, provides you and your family with the flexibility to choose any licensed dentist or specialist. Your share of the cost of services depends on whether you use a dentist in Delta Dental's PPO network or an out-of-network dentist.

If you choose a PPO dentist from Delta Dental's network, you will usually pay less for services, so it makes sense to use a PPO dentist. In-network PPO dentists agree to accept a reduced fee for services, and the dentist will complete and submit all claim forms for you at no charge. Preventive dentistry (exams and cleanings) is free of charge. After a small deductible, basic dentistry (such as fillings and extractions) is covered at 80 percent, and most other dental care is covered at 50 percent, up to \$1,700 per year.

Delta has more than 43,000 PPO dentists in California and 270,000 nationwide. To see a list of Delta Dental PPO dentists, visit the Delta Dental website: www1.deltadentalins.com/group-sites/uc.html.

Delta's Premier dentists are not in the PPO network but have agreed to accept a reduced fee for services and also will complete and submit claim forms for you. Delta Dental covers 75 percent of basic dentistry costs if you use a Premier dentist, up to \$1,500 per year.

If you go to a dentist not affiliated with Delta Dental, the plan will cover 75 percent of allowed basic dentistry costs, up to \$1,500 per year. However, you may have to pay the dentist's total fee and then submit your claim form to Delta Dental for reimbursement. Non-Delta Dental dentists have not agreed to Delta Dental's allowed costs and are free to bill you for any difference between what Delta Dental pays and the submitted fee.

DELTACARE® USA

DeltaCare® USA is a dental HMO that provides you and your family with comprehensive benefits and easy referrals to specialists. You must live in California to enroll.

Preventive services are provided at no cost. Other services are provided for modest copayments with no deductibles or annual plan maximum.

When you enroll, you select a network dentist to provide all your basic dental services and to refer you to specialists when necessary. The DeltaCare® USA network consists of private-practice dental facilities that have been screened by Delta Dental for quality. Some areas of California have more network providers than others, so be sure there are dentists available in your area before choosing this plan. You are required to obtain covered services through your assigned network dentist, except for emergency services or those preauthorized in writing by Delta Dental.

You may change your dentist at any time by calling the Delta Care Customer Service number to request the change. Visit the DeltaCare® USA website (www1.deltadentalins.com/group-sites/uc.html) for a list of participating dentists.

BENEFITS AND SERVICES

For a comparison of benefits and services, see the chart on pages 25 to 27.

If you need major dental work, such as a crown, dentures or oral surgery, you and/or your dentist should contact your plan to file a pre-determination before you begin treatment to confirm that the procedure is covered and to determine your portion of the cost for services.

COST OF COVERAGE

UC pays 100 percent of your monthly dental plan premium. UC's contribution toward the monthly cost is determined by UC and may change or stop altogether. You pay a certain percentage or copayment for some services.

WHEN COVERAGE ENDS**OPPORTUNITIES FOR CONTINUATION**

If you or a family member loses eligibility for dental coverage, you can continue coverage under COBRA for a period of time. There is no conversion option for dental coverage.

FOR MORE INFORMATION

Evidence of Coverage booklets are available online at ucal.us/EOCs.

If you have other questions about your dental benefits including services, benefits, billing and claims, call the plan directly.

Delta Dental PPO

800-777-5854, www1.deltadentalins.com/group-sites/uc.html

DeltaCare® USA

800-422-4234, www1.deltadentalins.com/group-sites/uc.html

DENTAL SERVICES	Delta Dental PPO Plan	DeltaCare® USA HMO Plan
Service Area	Worldwide ¹	California only
Preventive Dentistry	No deductible	Copayments apply as noted
Cleaning of teeth — prophylaxis cleanings	You are covered at 100% (up to 2 times in a calendar year; additional cleanings by report)	100% up to 2 times in any 12-month period; additional cleanings when necessary: \$45 copayment for adults, \$35 copayment for children
Oral examinations	100% (limited to 2 per calendar year — routine, non-routine or a combination of both; additional routine exam is covered for members with identified risk factors)	100%
Emergency office visit for pain relief	100%	100%
Topical fluoride treatment	100% (includes cleaning; up to 2 times in a calendar year)	100% (up to 2 times in any 12-month period through age 18)
Space maintainers	100% (through age 12)	100%
X-rays (full mouth, bitewings, other films)	100% (full mouth x-rays limited to 1 set in 5 years unless necessary)	100% (full mouth x-rays limited to 1 set in any 12-month period)
Pit and fissure sealants (under age 16 only)	100% PPO/75% Premier for first permanent molars through age 9 and second permanent molars through age 15	100% for first permanent molars through age 9 and second permanent molars through age 15

¹ Nationwide — Delta Dental PPO, Delta Dental Premier and non-Delta dentists (licensed); Worldwide — Coverage available only from non-Delta dentists (licensed).

Dental Plans

DENTAL SERVICES	Delta Dental PPO Plan	DeltaCare® USA HMO Plan
Basic Dentistry	Deductible applies.	Copayments apply as noted.
Fillings	80% PPO/75% Premier	100% for standard benefit
Anesthesia ¹	80% PPO/75% Premier (general anesthesia for covered oral surgery)	Local — 100%. General and intravenous sedation — 100%; limited to medically necessary extractions
Prosthetic appliance repair	80% PPO/75% Premier	100%
Extractions	80% PPO/75% Premier	100% if uncomplicated (not covered if done only for orthodontics)
Oral surgery	80% PPO/75% Premier	\$15 copayment for impactions; other covered services at 100%
Endodontics	80% PPO/75% Premier	\$20–\$60 copayment for each canal; other covered services at 100%
Periodontics	80% PPO/75% Premier	\$100 copayment per quadrant for surgery (mucogingival and osseous gingival); \$150 copayment for soft tissue graft procedures; periodontal maintenance: 100% for 1 in each 6-month period; additional maintenance when necessary: \$55 copayment
Denture Relining and Rebase	80% PPO/75% Premier	Relining — 100% (limited to 1 in any 12-month period). Rebase — \$20 copay
Major Dentistry	Deductible applies.	Copayments applied as noted.
Crowns	50%	\$50 per unit copayment (\$150 extra charge for precious metals)
Inlays/onlays	50%	100% for standard benefit
TMJ Disorder Benefits Temporomandibular joint (TMJ) dysfunction: occlusal devices/occlusal guards (night guards)	50% up to \$500 for all benefits in a lifetime (not applied to calendar year maximum). Deductible applies.	100%
Prosthetic Dentistry	Deductible applies.	Copayments apply as noted.
Standard, full or partial dentures	50%	Upper — \$65 copayment per denture Lower — \$65 copayment per denture (extra charge for precious metals) Removable partial denture with flexible base — \$115
Bridges	50%	\$50 per unit copayment (extra charge for precious metals)
Implants	50%	Not covered
Total Benefit (Total benefit for preventive, basic and major dentistry, and prosthetic dentistry)	\$1,700 if a Delta Dental PPO dentist is used; otherwise \$1,500 per person per calendar year	No maximum

After an annual deductible of \$50 per person²

DENTAL SERVICES	Delta Dental PPO Plan	DeltaCare® USA HMO Plan
Orthodontics	No deductible	Copayments apply as noted below
Who is eligible for service	All covered family members	All covered family members
Benefit	50% copayment; maximum of \$1,500 for each eligible patient under age 26 and \$500 for each eligible patient age 26 and older	\$1,000 copayment (plan covers 36 months of usual and customary treatment — a monthly office visit fee of \$75 applies after the 36 months)
Special Provisions, Limitations, Exclusions		
Work in progress when you join	Only services that you receive on or after your effective date of coverage are covered.	Only services received from a DeltaCare® USA provider on or after your effective date of coverage are covered ³ .
Predetermination of benefits	If services are expected to be \$400 or more, your dentist files a treatment plan first; Delta reviews it and notifies you and your dentist of the benefits payable.	Before any work is done, ask your DeltaCare® USA dentist what the charges will be. If you have any questions about what will be covered, call DeltaCare® USA.
Alternate treatment provision	If more than one professionally acceptable and appropriate treatment can be used, Delta benefits will be based on the least expensive method.	If you select a treatment plan different from that customarily provided by DeltaCare® USA, you will pay the applicable copayment, plus the additional cost of the alternate treatment.
Replacement of crowns, dentures, partial dentures and bridges	Not covered if crown or prosthetic appliance is fewer than 7 years old	Not covered if crown or prosthetic appliance is less than 3 years old
Out-of-area emergencies	Coverage applies worldwide.	Plan pays up to \$100 in 12-month period for pain relief when you are more than 25 miles from your dentist's office.
Teeth bleaching	Not covered	\$125 copayment per arch. External bleaching is limited to one bleaching tray per arch per 36-month period; bleaching gel for two weeks of patient self treatment.
Tobacco counseling for prevention of oral disease	Not covered	100%

NOTE: Other limitations and exclusions may apply. See the Delta Dental or DeltaCare® USA booklet.

¹ Disabled members may receive anesthesia for any covered dental service if needed to receive treatment. Preauthorization is required.

² Combined for basic and major dentistry, TMJ disorder benefits and prosthetic dentistry.

³ Exception: DeltaCare® USA may cover orthodontia treatment in progress for new enrollees/family members if treatment meets specific DeltaCare® USA criteria.

Vision Plan

Benefits package: Full

Who's covered: You and your eligible family members

Who pays the premium: UC

UC provides the Vision Service Plan (VSP) to enable you and your family to get the vision care you need. VSP is a preferred-provider organization with more than 5,000 providers in California and 33,000 nationwide in the Advantage network. The vision plan has no exclusions for pre-existing conditions.

ELIGIBILITY

See the general eligibility rules beginning on page 5.

WHAT THE PLAN COVERS

- One vision examination per calendar year — including testing and analysis of eye health and any necessary prescriptions for lenses or contact lenses. You pay a \$10 copay.
- One set of corrective lenses per calendar year — including single vision, bifocal, trifocal, standard progressive or other complex glass or plastic lenses. Photo-chromatic lenses, tints and polycarbonate lenses are fully covered if you use a provider in the VSP network. You pay a \$25 copay.
- One set of frames every other calendar year up to \$160.
- Contact lens allowance of \$160. If you choose elective contact lenses, you cannot also have frames and corrective lenses covered in the same calendar year. If contact lenses are medically necessary and you use a VSP provider, the cost is fully covered. Generally, contacts are covered for those who have had cataract surgery, have extreme acuity problems that cannot be corrected with glasses or have some conditions of anisometropia or keratoconus.
- You may also purchase annual supplies of select contact lenses at a reduced cost. Talk to your VSP provider or see the VSP website (vsp.com) for additional details.
- Discounts on laser corrective vision surgery through VSP-contracted laser centers. Call VSP for more information.
- Covered-in-full retinal screening for members with diabetes who do not have diabetic eye disease. Additional exams and services that track and monitor diabetic eye disease progression, diagnose and monitor glaucoma and cataracts, treatment for dry eye, pink eye, and foreign body removal. You pay a \$20 copay. Contact a VSP doctor for more information.

If you use a VSP network doctor or provider, you pay only the required copays for covered services and the cost of any services or materials beyond the allowance. Additional discounts are available for services the plan doesn't cover, including:

- 20 percent discount on additional pairs of glasses, including sunglasses, if purchased from the VSP doctor who provides the member's eye exam on the same day as the exam.
- 20 percent discount for additional pairs of prescription glasses purchased within 12 months following the last covered eye exam, if purchased from the VSP doctor who provided the exam.
- 15 percent discount for contact lens professional services; for example, fittings or adjustments.

WHEN COVERAGE BEGINS

Please see "When Coverage Begins" on page 7 of the Eligibility section.

COST OF COVERAGE

UC pays the full cost of the monthly vision plan premium. UC's contribution toward the monthly cost of coverage is determined by UC and may change or stop altogether.

You pay copays — \$10 for a vision exam and, if you need glasses, \$25 for materials. You also pay for additional care, services or products that VSP does not cover.

WHEN COVERAGE ENDS

OPPORTUNITIES FOR CONTINUATION

If you or a family member loses eligibility for vision coverage, you can continue coverage under COBRA. There is no option for conversion to an individual plan for vision coverage.

FOR MORE INFORMATION

VSP website: vsp.com
VSP phone: 866-240-8344

VSP Evidence of Coverage Booklet, available online at ucal.us/EOCs.

Accident, Critical Illness and Hospital Indemnity Plans

Benefits package: Full, Mid-Level, Core

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

Who pays the premium: You

UC offers three supplemental insurance options — Accident, Critical Illness and Hospital Indemnity plans that pay cash benefits if you experience a covered accident, illness or hospital stay.

These plans are not a substitute for medical or disability coverage, but they can complement your coverage with extra protection against the unexpected. Depending on the coverage you select, you'll receive a pre-determined cash payment if you experience a covered incident — regardless of your actual medical costs or lost income. The payment is yours to use however you choose.

WHEN TO ENROLL

You may enroll for coverage during your PIE, following a qualifying event, or during Open Enrollment. You can discontinue your enrollment in Accident, Critical Illness and Hospital Indemnity plans at any time.

WHAT THE PLANS COVER

ACCIDENT INSURANCE

Pays cash benefits if you receive services related to an accident, such as ER and urgent care visits, ambulance rides, X-rays, surgery, physical therapy and more.

CRITICAL ILLNESS INSURANCE

The plan provides a lump-sum payment if you are diagnosed with certain critical illnesses, such as cancer, heart attack, stroke and more. Rates are age-based and may differ for you and your spouse or domestic partner. Coverage for eligible children is free when you enroll. You select a coverage level of \$10,000 or \$30,000.

HOSPITAL INDEMNITY

Pays a pre-determined dollar amount if you're admitted to the hospital due to an accident or illness, or for maternity care, and continues to pay a cash benefit for every day you're in the hospital, up to 31 days.

COST OF COVERAGE

Your cost depends on the plan(s) and level of coverage you choose.

WHEN COVERAGE ENDS

If you leave UC employment, you may continue your coverage through direct payment to Aflac (referred to as "porting") if you apply within 31 days of the date your UC-sponsored coverage ends.

EXCLUSIONS

See the Certificate of Insurance booklets for complete information.

FOR MORE INFORMATION

Certificate of Insurance booklets are available online at ucplus.com.

If you have other questions, call 888-212-7201 or visit ucplus.com.



Basic and Voluntary Disability

Benefits package: Full, Mid-Level or Core

Who's covered: You

Who pays the premium: You and UC

Time away from work for a pregnancy, illness or unexpected injury could mean months without a paycheck. While UC's basic employer-paid disability insurance offers some protection — a benefit capped at \$800 per month for six months — it probably won't be enough to cover your expenses. UC's Voluntary Disability Insurance replaces much more of your income — 60 percent of your eligible pay up to a benefit of \$15,000 per month — for increased financial security when you need it most.

UC's disability benefits, along with state-mandated Workers' Compensation and Social Security disability benefits, create a comprehensive safety net, whether for a few months or a lifetime. UC's disability benefits also provide coverage for female employees during pregnancy disability and the first few weeks after childbirth.

UC does not participate in the California State Disability Insurance (CA SDI) program, although employees who have worked for UC for fewer than 18 months may have some residual CA SDI benefits based on their prior employment.

If you are eligible for Full, Mid-Level or Core Benefits, you are automatically enrolled in Basic Disability at no cost to you. If you choose to enroll in Voluntary Short-Term Disability (VSTD) and/or Voluntary Long-Term Disability (VLTD), you pay the premium.

WHEN TO ENROLL

You are automatically enrolled in Basic Disability, if eligible, on your first day of work.

For Voluntary Disability Insurance, you need to take action to enroll. To obtain coverage without submitting a statement of health, enroll during your PIE when you are first eligible. As a new employee, you may want to consider enrolling in both VSTD and VLTD for the most comprehensive coverage for all types of disabilities. You can discontinue your enrollment in VSTD and/or VLTD at any time.

ENROLLMENT WITH STATEMENT OF HEALTH

If you do not enroll in VSTD and/or VLTD when you are first hired, you must submit an application, along with evidence of insurability, and be approved by the insurance company in order to enroll.

Previous or existing medical conditions may prevent approval if you try to enroll or add coverage outside of your initial period of eligibility. You cannot enroll in VSTD or VLTD during UC's annual Open Enrollment or due to family changes.

WHEN COVERAGE BEGINS

You must be actively at work in order for new or increased coverage to be effective.

WHAT THE PLANS COVER

BASIC DISABILITY

UC provides the Basic Disability plan at no cost to you.

Basic Disability insurance provides coverage if you are unable to work due to a pregnancy/childbirth or non-work-related disabling injury or illness. It pays 55 percent of your eligible earnings, up to a maximum benefit payment of \$800 per month. The six-month benefit period includes a 14-day waiting period before you begin receiving benefits, and you must use up to 22 days of sick leave, if available. While you're receiving Basic Disability income, UC continues to pay its portion of your medical premiums. Your Basic Disability income is generally taxable.

VOLUNTARY DISABILITY

Voluntary Short-Term Disability (VSTD) and Voluntary Long-Term Disability (VLTD) plans work in conjunction with Basic Disability and other sources of disability income (for example, Social Security) you may receive as a result of your pregnancy/childbirth or disabling injury or illness.

VSTD offers more comprehensive coverage than Basic Disability — 60 percent of your eligible earnings, with a maximum benefit of \$15,000 per month. The six-month benefit period includes a 14-day waiting period before you begin receiving benefits, and you must use up to 22 days of sick leave, if available. This plan is a good option to cover short-term needs such as pregnancy, most illnesses, minor surgeries, etc.

VLTD benefits don't start until six months after your date of disability or when VSTD benefits end, whichever is later. The plan pays 60 percent of your eligible earnings, with a maximum benefit payment of \$15,000 per month, and benefits can last until your Social Security normal retirement age, if you qualify. This plan doesn't pay for the first six months of disability, but offers long-term benefits in cases of catastrophic injury or illness, or permanently disabling conditions.

You pay the entire premium for VSTD and VLTD. The cost varies depending on your age, salary and your UC Retirement Plan eligibility. You may choose to purchase VSTD, VLTD or both. Voluntary Disability income is generally not taxable, since you pay the premiums with after-tax dollars.

Basic and Voluntary Disability

OTHER SOURCES OF DISABILITY BENEFITS

UC employees may be eligible for other disability benefits, including:

- Workers' Compensation, which covers work-related injuries and illnesses
- UC Retirement Plan Disability Income, which is available to UCRP members with five or more years of service credit in the event of a permanent or long-term disability (12 months or longer)
- Social Security disability benefits
- California State Disability Insurance (only if you worked outside of UC and paid into the system within the past 18 months)

The Basic and VSTD plans do not pay benefits for work-related injuries or illnesses that cause disabilities. Instead, Workers' Compensation provides benefits. The VLTD plan pays benefits for work-related disabilities only in coordination with Workers' Compensation.

For Workers' Compensation claims, UC contracts with a third party administrator to manage its claims. More information is available in the Business and Finance Bulletin BUS 81 — Insurance Programs, available on UCPath or from your local Workers' Compensation Manager. A directory of UC Workers' Compensation Managers is available online at ucop.edu/risk-services/staff-contacts/workers-compensation-managers.

Any disability income you are eligible to receive from these other sources of disability benefits will be deducted from your disability benefits payable under UC's disability plans. If the other sources of income you receive exceed 60 percent of your eligible income, VLTD will pay a minimum of \$100 per month.

HOW THE PLANS WORK

In order to receive disability benefits, you must be under a doctor's direct, continuous care. For more information about how to apply for benefits, see *Your Guide to UC Disability Benefits* on UCnet (available with related publications at ucal.us/disabilitypubs) or contact your Benefits Office.

No one type of coverage is right for everyone. It is important that you carefully consider your circumstances and how your selection will affect major events in your life. For example:

- **Are you considering becoming pregnant?** If you think you may become pregnant, it's wise to sign up for VSTD. For most pregnancies, the disability period begins two weeks before birth and ends six weeks after birth (eight weeks after birth for a Caesarian section), so a plan such as VLTD, which only covers disabilities lasting more than six months, wouldn't pay

a benefit. Don't wait until you're pregnant to enroll. You'll be required to submit a statement of health, and your enrollment application will not be approved if you're already pregnant.

- **Do you have a lot of non-negotiable monthly expenses?** You may not want to risk a long period without income if you would have difficulty covering your mortgage payment or rent, for instance. Enrolling in both VSTD and VLTD provides you with the most protection for all types of disabilities.
- **How much sick leave have you accrued?** If you have been with UC for a long time and have a lot of accrued sick leave that you could use during the first six months of a disability, you might only need VLTD. If you don't have much, you might consider VSTD.
- **How's your savings cushion?** If you have substantial savings that could tide you over the first six months of a disability, you might choose VLTD only. If not, you should consider both VSTD and VLTD for the most protection.

IMPORTANT CONSIDERATIONS FOR FACULTY

UC faculty members and other academic appointees who do not accrue sick leave may be eligible to request a paid medical leave for personal illness, injury or disability from their department or their location's Academic Personnel Office. The amount of salary replacement and leave time available under the faculty policies may be equal to or greater than those provided in the Voluntary Short-Term Disability plan. See the *Disability Benefits for Faculty* fact sheet available online at ucal.us/disabilityfaculty for additional information. Contact your local Benefits Office or Academic Personnel Office with questions.

IMPORTANT CONSIDERATIONS AND LIMITATIONS TO COVERAGE

- **Definition of disability:** The definition of disability changes with the type of coverage you receive:
 - Basic and Voluntary Short-Term Disability — To receive benefits, you must be disabled from your job at UC, based on the demands and duties of your position.
 - Voluntary Long-Term Disability — For the first 24 months of VLTD benefits, in order to receive benefits, you must be disabled from your own occupation, based on the demands and duties that employers (throughout the national economy) ordinarily require for that occupation. From the 25th month onward, you must be disabled from any occupation (throughout the national economy) for which you are reasonably suited.

(Note that UCRP defines disability differently; for details, please see *Your Guide to UC Disability Benefits*.)

- **Pre-existing conditions:** Once you are enrolled in the VSTD Plan and the Basic Disability Plan, there are no benefits limitations related to pre-existing conditions. Additionally, as soon as you've been covered by the VLTD Plan for more than 12 months there are no restrictions or limitations on the VLTD Plan related to the pre-existing condition.

However, your VLTD benefits will not be payable if:

- Your disability leave is related to a condition you were diagnosed with, or had treatment for, in the 90 days prior to your initial enrollment in VLTD and
- Your disability leave begins within one year of your initial enrollment into VLTD

You will, however, be eligible for VLTD benefits for conditions that were not pre-existing.

- **Mental Illness and Substance Abuse:** VLTD benefits for these issues are generally limited to a 24-month lifetime maximum benefit, unless you remain continuously hospitalized or in an extended treatment plan.

COST OF COVERAGE

The university provides the Basic Disability plan at no cost to you.

You pay a monthly premium if you enroll in voluntary coverage. The premium depends on your monthly salary, age, retirement plan and the level of coverage you choose (Voluntary Short-Term Disability, Voluntary Long-Term Disability or both). To estimate your premium, use the online Insurance Premium Estimator (ucal.us/premiupestimator).

WHEN COVERAGE ENDS

Your coverage stops on your last day actively at work. You may not continue these plans through COBRA or convert them to individual plans.

FOR MORE INFORMATION

The following publications are available online at ucal.us/disabilitypubs:

- *Your Guide to UC Disability Benefits*
- *Disability Benefits for Faculty Fact Sheet*
- *Pregnancy, Newborn Child and Adopted Child Fact Sheet*
- *Partial Disability: Stay at Work/Return to Work Fact Sheet*
- *Disability Insurance Policy*

Basic and Core Life Insurance

Benefits package: Full (Basic), Mid-Level (Core) and Core (Core)

Who's covered: You

Who pays the premium: UC

Life insurance provides financial protection for your dependents in the event of your death, and can be important to their future security. UC automatically provides basic life insurance coverage for all eligible employees. And you may be eligible to buy additional coverage for yourself and your family members.

UC's life insurance plans carry no exclusions based on the cause of death. They are group term life plans that provide coverage at special rates to group members — in this case, UC employees. UC's life insurance is in effect only as long as you remain an eligible employee, and does not accumulate a cash value over time.

UC provides a minimum amount of life insurance coverage at no cost to you. The plan and amount of coverage varies, depending on your appointment rate and average regular paid time.

WHEN COVERAGE BEGINS

You must be actively at work in order for new or increased coverage to be effective.

WHAT THE PLANS COVER

BASIC LIFE

If you are eligible for the Full Benefits package, this plan provides life insurance equal to your annual base salary, up to \$50,000.¹ The coverage amount is based on your UC salary and appointment rate as of your date of hire or Jan. 1 of the current year, whichever is later.

Benefits are paid to your beneficiaries if you die while employed or on paid leave, or during the first four months of approved leave without pay or temporary layoff. Your beneficiaries receive these benefits in addition to any other death benefits for which you may qualify.

¹ If you are a member of the California Public Employees' Retirement System (CalPERS), CalPERS provides \$5,000 of coverage and UC provides coverage equal to your annual base salary less \$5,000, up to \$45,000.

² This plan does not cover CalPERS members.

CORE LIFE

If you are eligible for the Mid-Level or Core Benefits package, this plan provides \$5,000 of life insurance.²

Benefits are paid to your beneficiaries if you die while employed or on paid leave, or during the first four months of approved leave without pay or temporary layoff. Your beneficiaries receive these benefits in addition to any other death benefits for which you may qualify.

OTHER FEATURES OF THE PLANS

LIVING BENEFIT OPTION

The "living benefit" option allows terminally ill employees to receive some of their life insurance benefits before death; the money can be used for any purpose. The insurance company pays you 75 percent of the total coverage amount in a lump sum or in 12 equal monthly installments. Benefits paid to your beneficiaries at the time of your death are reduced by the amount previously paid to you. See the life insurance plan booklet for more information.

EXTENDED DEATH BENEFIT

The Basic or Core Life insurance protection may continue up to one year beyond the date coverage terminates if you become totally disabled while covered under the plan and you are under age 65. You must remain continuously unable to engage in any occupation until the date of death. Protection continues for one year, until you reach age 65 or until your disability ends, whichever occurs first.

COST OF COVERAGE

UC pays the entire cost of your coverage for Basic or Core Life insurance. UC's contribution toward the monthly cost of coverage is determined by UC and may change or stop altogether.

WHEN COVERAGE ENDS

If you wish to convert your coverage to an individual policy, you have 31 days from the date your coverage ends to submit your conversion application and appropriate premiums to Prudential, the plan administrator.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.

Supplemental Life Insurance

EXCEPTION TO DUPLICATE UC COVERAGE RULE

You may be enrolled in Basic Life Insurance, Core Life Insurance or Senior Management Life Insurance and also be covered as a dependent of another UC employee.

BENEFICIARIES

You should designate your beneficiaries online by signing in to UC Retirement At Your Service (UCRAYS). If you don't name beneficiaries, benefits are paid to the first survivor in this list:

- Your legal spouse or domestic partner
- Your child or children, including your adopted children; if your child is deceased, your deceased child's share will go to that individual's child or children
- Your parent or parents
- Your sibling or siblings

If there is no such survivor, any lump sum death payment will be paid to your estate.

You may change your designated beneficiary at any time using UCRAYS. Once your new designation is processed, all previous designations are invalid. Changes in your family situation — such as marriage, divorce or birth of a child — do not automatically alter or revoke your previous designations. A will also does not supersede a beneficiary designation. Prior designations remain valid until you change your designations online. However, a beneficiary designation may be subject to challenge if it will result in your spouse receiving less than your spouse's community property share of the benefit.

If you do not have access to the Internet, you may complete UC's *Designation of Beneficiary* form (UBEN 116), available from your Benefits Office.

Benefits package: Full and Mid-Level

Who's covered: You

Who pays the premium: You

Eligible employees may supplement their Basic or Core Life insurance coverage by enrolling in this plan and paying monthly premiums. You can choose the amount of coverage that meets your needs up to the maximum listed under Coverage Amounts.

WHEN TO ENROLL

ENROLLMENT

To obtain coverage without the need for a statement of health, enroll during your first PIE or during a PIE that occurs as the result of the acquisition of a new family member. During a PIE that occurs as the result of the acquisition of a new family member, you can also increase your Supplemental Life Insurance. Otherwise you can enroll at any time, but a statement of health will be required.

ENROLLMENT WITH STATEMENT OF HEALTH

If you do not enroll in the Supplemental Life Insurance plan during a period of eligibility, you must submit an application, along with evidence of insurability, and be approved by the insurance company in order to enroll. Previous or current medical conditions may prevent your approval if you try to enroll outside of an eligibility period.

WHEN COVERAGE BEGINS

You must be actively at work in order for new or increased coverage to be effective. If you are on leave for health reasons on the day you become eligible for Supplemental Life coverage, your coverage will start the day after your first full day at work.

COVERAGE AMOUNTS

You may choose one of several coverage amounts:

- \$20,000
- One times your annual salary, up to \$250,000
- Two times your annual salary, up to \$500,000
- Three times your annual salary, up to \$750,000
- Four times your annual salary, up to \$1 million

Coverage is based on your UC salary rounded to the nearest thousand and your appointment rate as of your date of hire or the full-time salary rate for your position as of Jan. of the current

Supplemental Life Insurance

year, whichever is later — even if you work part time. If your full-time salary rate is reduced, coverage will not be reduced until the beginning of the next calendar year.

Benefits are paid to your beneficiaries if you die while enrolled. They are payable in addition to any other death benefits for which you may qualify — for example, from the Basic Life insurance plan or your retirement plan.

PLAN FEATURES

LIVING BENEFIT OPTION

The “living benefit” option allows terminally ill employees covered by the plan to receive a portion of their life insurance benefits before death. The benefit — 75 percent of the total coverage, up to \$250,000 — is paid directly to you in a lump sum or in 12 equal monthly installments. The money can be used for any purpose. The benefit that would otherwise be payable to your beneficiaries at death is reduced by this amount. Your life insurance plan booklet has more information.

WAIVER OF PREMIUM

If you become totally disabled before age 65 and your disability continues for six consecutive months, you may qualify for continuation of life insurance protection without paying the premiums.

You must provide written proof of your disability no later than one year after the disability starts and submit proof of your continuing disability each year. Your life insurance will continue until you reach age 70, as long as you remain totally disabled.

You may need to continue your premium payments to your Payroll or Benefits Office while your application is pending. See your insurance booklet or call the insurance carrier for more information.

COST OF COVERAGE

Your cost for Supplemental Life Insurance depends on your age and the amount of coverage you purchase. Use the online Premium Estimator for Life Insurance (ucal.us/lifepremiumestimator) to determine your monthly premium.

WHEN COVERAGE ENDS

If you leave UC employment, you are no longer eligible for Supplemental Life Insurance. You may port or convert your coverage if you apply within 31 days of the date your UC-sponsored coverage ends.

The portability benefit allows you to continue your current UC Supplemental Life coverage at Prudential’s Portability group term-life rates, which are lower than the conversion premium rates. A statement of health is not required, but you must submit proof of good health satisfactory to Prudential to qualify for preferred rates. There are additional requirements for portability. See the Supplemental Life Insurance plan booklet for details.

You may also convert to an individual policy without a statement of health.

You have 31 days from the date your coverage ends to submit your application and the appropriate premiums to Prudential. See your Benefits Office for more information.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.

Dependent Life Insurance

Benefits package: Full and Mid-Level

Who's covered: Your spouse or domestic partner and/or your eligible children

Who pays the premium: You

UC offers two plans for insuring your eligible family members. You can enroll your dependents in the Basic Dependent Life plan if you are enrolled in Basic Life or in the Expanded Dependent Life plan (which provides more coverage) if you are also enrolled in the Supplemental or Senior Management Life plan. You may cover your family members under either plan, but not under both.

WHEN TO ENROLL

To obtain coverage for a spouse or domestic partner without the need for a statement of health, enroll during your own initial PIE, or if the marriage or partnership occurs later, during the 31-day PIE following the marriage or partnership date. Otherwise they can be enrolled only by submitting an application along with evidence of insurability, and the insurance company decides whether to approve the application. A spouse or domestic partner may not be enrolled during a PIE resulting from the birth or adoption of a child.

Children may be enrolled during their PIE or at any time without a statement of health.

ELIGIBILITY

If both you and a family member are UC employees, you may choose to cover yourself under the Supplemental Life plan or, if eligible, under your family member's Dependent Life plan. You cannot be covered by both plans.

If you miss your period of initial eligibility, you must submit an application along with evidence of insurability when enrolling a spouse or domestic partner. The insurance company decides whether to approve the application. This is not required for children — children may be enrolled at any time.

You may transfer your dependents from the Expanded plan to the Basic plan at any time. However, to transfer your spouse or domestic partner from the Basic plan to the Expanded plan, you must submit an application, along with a statement of health, for that person.

WHEN COVERAGE BEGINS

If your dependent is confined for medical care or treatment, your dependent's new or increased coverage will begin on the first day after medical release. This does not apply to your newborn child.

WHAT THE PLANS COVER

BASIC DEPENDENT LIFE

This plan covers your spouse or domestic partner and/or your eligible children; the benefit is \$5,000 for each dependent. See pages 13 and 14 for each family member's requirements for eligibility. You are the beneficiary if a covered dependent dies.

EXPANDED DEPENDENT LIFE

You may choose to cover:

- Your legal spouse or domestic partner with a benefit amount equal to 50 percent of your Supplemental Life Insurance amount, up to a maximum benefit of \$200,000, and/or
- Your eligible children with a benefit of \$10,000 each

You are the beneficiary if a covered dependent dies. You may designate someone else to receive benefits if a covered spouse or domestic partner dies. You cannot designate an alternate beneficiary for covered children. Use the *Designation of Alternate Beneficiary — Expanded Dependent Life and AD&D Insurance* form (UBEN 119), available online at ucal.us/UBEN119.

Living Benefit Option: This option allows a terminally ill spouse or domestic partner covered for at least one year to receive some life insurance benefits before death. The benefit — 50 percent of the total benefit, up to \$50,000 — is paid directly to the spouse or partner in a lump sum or in 12 equal monthly installments. The money can be used for any purpose. The benefit that would otherwise be payable to beneficiaries at death is reduced by the amount paid to the spouse or partner. Your life insurance plan booklet has more information.

COST OF COVERAGE

Use the online Life Insurance Premium Estimator (ucal.us/lifepremiumestimator) to determine your monthly premium.

Dependent Life Insurance

WHEN COVERAGE ENDS

If you leave UC employment, you are no longer eligible for Basic or Expanded Dependent Life insurance. You may port or convert your coverage if you apply within 31 days of the date your UC-sponsored coverage ends.

If you participate in Prudential's group term-life Portability benefit for your Supplemental Life Insurance (see page 36), you may also continue Dependent Life coverage within the same Portability benefit. See your Benefits Office for more information.

You may also convert your Dependent Life to an individual policy without a statement of health if:

- Your UC-sponsored coverage ends, or
- You become totally disabled and you are covered under the Supplemental Life Insurance waiver of premium benefit.

You have 31 days from the date your coverage ends to submit your application and the appropriate premiums to Prudential, the plan administrator.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.

FOR MORE INFORMATION

A copy of the life insurance plan booklet is available online at ucal.us/EOCs.

Accidental Death and Dismemberment Insurance

Benefits package: Full, Mid-Level, Core

Who's covered: You and your eligible family members

Who pays the premium: You

The financial impact of an accident can be devastating. To help protect you and your family from the financial hardship of an unforeseen accident, UC offers Accidental Death and Dismemberment (AD&D) insurance.

WHEN TO ENROLL

You may enroll at any time.

WHAT THE PLAN COVERS

The plan provides \$10,000 to \$500,000 coverage for accidental death, dismemberment or loss of sight, speech or hearing caused by an accident. It offers three levels of coverage:

- Individual coverage for you only
- Family coverage for you, your spouse or eligible domestic partner and your child(ren). This plan covers your spouse or domestic partner for 60 percent of your coverage amount. If eligible children are covered, then your spouse or domestic partner is covered for 50 percent of your amount and each child for 20 percent.
- Modified family coverage for you and your child(ren). Each eligible child is covered for 20 percent of your amount.

If you are on leave for health reasons on the day you become eligible for coverage, your coverage starts the day after your first full day at work.

THE PLAN OFFERS THESE ADDITIONAL BENEFITS:

Seatbelt Benefit: The plan pays an additional 10 percent if you or a covered family member dies in a car accident while using a seatbelt or an airbag.

Indemnity for a Child's Dismemberment or Paralysis: The plan pays a percentage of the covered amount if an accident causes irreversible paralysis of a covered child. The percentage payable depends on the degree of the paralysis.

Rehabilitation Benefit: The plan will pay up to \$10,000 for covered rehabilitative expenses for two years after the date of an accident that causes dismemberment or paralysis. Work-related injuries covered under Workers' Compensation or other similar laws are excluded.

Education Benefit: Under family or modified family coverage, if you die in a covered accident, the plan pays for your child's higher education — the lesser of the actual tuition, 5 percent of your coverage amount, or \$1,500 annually. The child must be enrolled in an institution of higher learning on the date of the accident, or be a high school student and enroll in an institution of higher learning within 365 days of high school graduation.

Day Care Benefit: The plan will pay for up to four years of day care expenses (up to the plan limit) for covered children under age 13 if you die due to a covered accident.

Repatriation of Remains: If you or a covered dependent suffer an accidental death while at least 100 miles from home, the plan will pay for covered expenses up to \$50,000 to return your body or the body of a covered dependent to your home.

Common Disaster Benefit: If you and your covered spouse or eligible domestic partner both die within 90 days of the same covered accident, your spouse's or eligible domestic partner's principal benefit amount will be increased to equal yours to a maximum of \$500,000.

Coma Benefit: The plan will pay a portion of your benefits when a covered accident renders you or a covered family member comatose within 30 days of the accident.

Natural Disaster: The plan will pay an additional 10 percent if you or a covered family member suffers loss as a result of an officially declared natural disaster (e.g., storm, earthquake, flood).

Permanent and Total Disability Benefit (for employee only): See plan booklet for details.

COST OF COVERAGE

Your cost depends on the level of coverage and coverage amount you choose. Use the rate chart online at ucal.us/adanddpremiums to determine your monthly premium.

WHEN COVERAGE ENDS

If you leave UC employment, you may convert your coverage to an individual policy if you apply within 31 days of the date your UC-sponsored coverage ends.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.

Accidental Death and Dismemberment Insurance

EXCLUSIONS

There are certain exclusions under the AD&D insurance. See your plan booklet for more information.

FOR MORE INFORMATION

The AD&D plan booklet is available online at ucal.us/EOCs, with additional details.

Business Travel Accident Insurance

Benefits package: Full, Mid-Level, Core

Who's covered: You and your traveling companion(s)

Who pays the premium: UC

UC faculty and staff traveling on official UC business are covered, at no cost to you, worldwide 24 hours a day for a variety of accidents and incidents.

WHAT THE PLAN COVERS

The coverage includes:

- Accidental death
- Accidental dismemberment
- Paralysis
- Permanent total disability benefits
- Evacuation in the event of a security emergency
- Travel assistance services when you are 100+ miles from your home and workplace (see below for more information)

Your spouse/domestic partner, dependent child(ren) or other traveling companion are covered when accompanying you on a business trip.

TRAVEL ASSISTANCE SERVICES

In addition to insurance protection, the plan gives you access to travel services around the world, including:

- Medical assistance such as referral to a doctor or medical specialist, medical monitoring if you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of remains
- Personal assistance such as embassy and consular information, assistance with lost documents, emergency message transmission, emergency cash advance, emergency referral to a lawyer, access to a translator or interpreter, medical benefits verification and assistance with medical claims
- Travel assistance, including emergency travel arrangements for the return of your traveling companion or dependents

HOW THE PLAN WORKS

When you travel on official university business, you are automatically covered by UC's business travel insurance when you make your arrangements through any of UC's preferred travel agencies found in Connexus, UC's systemwide travel program. For all other travel, you must register your travel online at ucop.edu/risk-services-travel/registering.html. Once registered, you will receive confirmation of coverage for your trip and information to use in the event of an emergency.

You will also receive current travel alerts for your destination and information about changing conditions that may arise during the course of your travel. The plan also gives you access to general information about your destination, including information about security, health, communications and technology, transportation, legal, entry and exit, financial, weather and environment, language and culture.

BENEFICIARIES

For purposes of accidental death benefits, the insurance company automatically designates as your beneficiary the first survivor in this list:

- Your legal spouse or domestic partner
- Your child or children
- Your mother or father
- Your sisters or brothers
- Your estate

If you wish to designate your beneficiaries differently than this sequence, you must complete a Faculty Beneficiary Designation form which can be requested by calling UC Risk Services at 510-987-9832.

Your beneficiary designation remains in effect until it is either changed or revoked. It does not automatically end with the return from a business trip.

FOR MORE INFORMATION

Additional information, including frequently asked questions, a summary of coverage and claim forms is available online at ucop.edu/risk-services-travel/index.html.

Adoption Assistance Plan

Benefits package: Full, Mid-Level, Core

Who's covered: You

Who pays the costs: UC

UC supports eligible faculty and staff who wish to expand their immediate families through adoption. The Plan provides financial support through reimbursement of up to \$5,000 of eligible expenses per adoption.

HOW TO ENROLL

Unlike other UC Health & Welfare benefits, no enrollment is required in the Adoption Assistance Plan. After your adoption is legally finalized you complete the UC Adoption Verification and Claims Filing Forms and send them to the Plan's Claims Administrator to receive benefits from the plan.

HOW THE PLAN WORKS

You pay for your adoption-related expenses throughout the adoption process, retaining receipts and other documentation. After the adoption is legally finalized, you can request reimbursement for up to \$5,000 of eligible expenses per adoption. The Plan limits covered adoptions to two per employee, with a maximum of \$10,000 in benefits in the employee's lifetime. If both adoptive parents are employees of the University the Plan limits covered adoptions to two per household, with a combined maximum of \$10,000 in benefits during their lifetime.

EXPENSES

To receive reimbursement, incurred expenses must be directly related to and for the principal purpose of adoption. Guidance by the IRS determines which expenses are eligible for reimbursement.

ELIGIBLE EXPENSES

- Attorney fees and court costs
- Licensed adoption agency and placement fees
- Immigration, translation and document authentication fees
- Re-adoption expenses for a foreign child
- Travel expenses, including meals and lodging while away from home
- Parent, child and family adoption counseling fees
- Home suitability study fees

INELIGIBLE EXPENSES

- Surrogate parenting arrangements
- Embryo adoption
- Expenses paid or reimbursed by other sources, including but not limited to other benefit or insurance plans
- Expenses claimed as a credit or deduction on personal tax returns
- Expenses that violate state or federal law
- Expenses incurred prior to your employment with UC
- Personal items including clothing and food
- Medical expenses for the adopted child or birth mother

LIMITATIONS

- Qualified Expenses incurred throughout the adoption process are not eligible for reimbursement until after the adoption is legally finalized.
- Expenses incurred for adoptions that are unsuccessful (not legally finalized) do not qualify for reimbursement.
- Expenses related to adoptions finalized prior to the July 1, 2021, establishment of the Plan are not eligible for reimbursement.
- Expenses incurred prior to employment with UC are not eligible for reimbursement, even if the adoption is finalized while you are a participant in the Plan.

WHEN COVERAGE ENDS

Participation in the Plan ends on the last day of the month in which employment with the University terminates or an employee ceases to meet the eligibility requirements of the Plan.

WHO ADMINISTERS THE PLAN

WEX Health is the Claims Administrator. They process claims for reimbursement on behalf of the University.

FOR MORE INFORMATION

Additional information including frequently asked questions, the Adoption Assistance Plan Policy, and instructions for filing claims are available online at ucal.us/adoptionassistance.

Legal Insurance

Benefits package: Full, Mid-Level, Core

Who's covered: You and your family members

Who pays the premium: You

Most people need legal advice at one time or another. UC offers the ARAG Legal Insurance plan, which gives you access to a range of personal legal services. The plan provides assistance with routine matters and covers most basic legal needs.

You may enroll during your PIE or during Open Enrollment.

WHAT THE PLAN COVERS

- Legal advice, representation and preparation for covered matters or review of specific documents in-office from an ARAG network attorney
- Network attorney fees are paid in full for most covered matters. For any personal legal matter not covered and not excluded — including immigration assistance — receive at least 25 percent off a network attorney's normal hourly rate.
- Legal advice via phone from ARAG's nationwide network of telephone attorneys
- Estate planning documents, including wills, trusts, powers of attorney, health care directive, funding a trust and trust dispute
- Diversity and Inclusion services, including domestic partnership agreements, funeral directives, hospital visitation rights and gender-identifier changes on government-issued documents
- Family legal matters, including divorce, separation and annulment (with a 25-hour cap in coverage if contested); pre-nuptial agreements; child custody and support; visitation and/or alimony; Qualified Domestic Relations Orders; defense and establishment of paternity; adoption, guardianship/conservatorship; executor appointment; elder care and name change
- Identity Theft Protection, including single-bureau credit monitoring, internet surveillance, child identity monitoring, full-service identity restoration, lost wallet services, change of address monitoring and identity theft insurance¹

¹ The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Please see the identity theft plan summary for details.

² There is a flat \$50.00 charge for each personal tax return prepared (federal, state, local), limited to the preparation of tax forms 1040, 1040A or 1040EZ (includes Schedule A, Schedule B and Schedule D). If the tax return requires any other schedules, an additional fee of \$60.00 per hour will be billed to the member. If a different type of personal tax return is required, the member will be billed \$60 per hour for the preparation of the return and any schedules.

- Consumer protection issues including personal bankruptcy, debt collection defense and legal representation for enforcement of warranties or promises in connection with lease or purchase of goods or services
- Real estate matters including purchase, sale or refinance, home equity/construction loans, real estate disputes, residential contractor disputes and secondary residence matters including foreclosure, neighbor disputes, property tax, zoning and variances, building codes and easements
- Tax planning, preparation² and audit support
- Assistance with administrative hearings including educational, building/zoning/easements, Social Security/veterans/Medicare benefits, and more
- Domestic violence protective orders
- Enforcement and modification of child support orders, modification of alimony orders, guardianship and conservatorship accounting, and establishment of restraining orders
- Defense of traffic offenses, including traffic tickets
- Driving privilege protection, driving restoration — DWI
- Defense of misdemeanor charges such as trespassing, public intoxication and vandalism
- General In-Office — six hours of attorney time per family per certificate year for advice, negotiation and service for personal legal matters that are not covered or excluded
- Online legal tools and resources, such as DIY Docs[®] that enable you to create documents like a standard will, power of attorney, child medical authorization, HIPAA authorization, contractor agreement and more

Go to araglegal.com/ucinfo or refer to the plan booklet for the full list of covered services, plan limitations and exclusions.

HOW TO USE THE PLAN

Before consulting any attorney, call ARAG to be sure the plan serves you to your best advantage. When you call ARAG, a customer care specialist will advise you on the services the plan will cover and send you a CaseAssist confirmation package, which includes a description of coverage and a list of network attorneys available in your area.

All network attorneys have met ARAG's requirements and agreed to provide the services described in the plan booklet. When you use a network attorney, fees for most covered matters are paid in full.

Legal Insurance

ARAG network attorneys provide services in two ways:

- Telephone: You may call a telephone network attorney who will either work with you over the phone or recommend that you meet with an attorney in person. Using telephone network attorneys can help you get the most from the plan.
- Office appointments: The plan covers a wide range of legal matters, most of which are fully paid when you work with a network attorney. For matters not listed, and not excluded, the plan provides a general in-office benefit for up to four hours per year.

If you prefer, you may use an attorney outside the ARAG network on a matter covered under the plan. In that case, the plan reimburses you up to the benefit amount indicated in the plan booklet.

COST OF COVERAGE

Your monthly cost depends on whether you choose individual or a family coverage option. See the plan costs online at ucal.us/legal.

WHEN COVERAGE ENDS

If you leave UC employment, you may convert your coverage to an individual policy if you apply within 31 days of the date your UC-sponsored coverage ends. See your plan booklet or call ARAG for more information.

FOR MORE INFORMATION

Visit the ARAG website: araglegal.com/ucinfo

See the plan booklet online at ucal.us/EOCs

Call ARAG: 800-828-1395 or TTD: 800-383-4184

Pet Insurance

Benefits package: Full, Mid-Level, Core

Who's covered: Pets owned by you or your eligible family members

Who pays: You pay premiums directly to Nationwide

Nationwide offers preferred pricing on pet insurance for UC faculty, staff and retirees. Plans are available for dogs, cats, birds, small mammals and exotics (such as reptiles); animals categorized as livestock (including horses) are not eligible.

You can enroll in pet insurance at any time, and your coverage will be effective approximately 14 days after your application is approved by Nationwide. Once enrolled, your policy will renew automatically each year.

WHAT THE PLAN COVERS

Nationwide provides coverage for treatment of accidents and illness. Pre-existing conditions are excluded. For complete information about coverage visit petinsurance.com/uc.

HOW THE PLAN WORKS

Learn more and enroll on the Nationwide website at petinsurance.com/uc. To enroll in coverage for your bird, small mammal, reptile or other exotic pet, or to speak to a representative, call Nationwide at 877-738-7874.

You're free to visit any licensed veterinarian, anywhere in the world — even specialists and emergency providers. Simply pay your vet bill and then submit a claim to Nationwide for reimbursement.

COST OF COVERAGE

Premiums vary depending on your type of pet and where you live, and you'll pay your premiums directly to Nationwide.

WHEN COVERAGE ENDS

If you leave UC, Nationwide will automatically continue your coverage. However, the premium may change at policy renewal, as group preferred pricing may no longer apply.

FOR MORE INFORMATION

[Petinsurance.com/uc](https://petinsurance.com/uc)
877-738-7874

Family Care Resources

Benefits package: Full, Mid-Level, Core¹

Who's covered: You and your family members

Who pays: UC pays for access; you pay for care

Finding the right caregivers for loved ones is one of the toughest challenges many working families face. UC offers Bright Horizons Enhanced Family Supports Program to help employees find the right match for their family care needs, including child care centers, nannies, babysitters, elder care planning, pet care, tutoring/test prep, and more. Their online resources help you find quality caregivers that fit your family's needs.

Bright Horizons Enhanced Family Supports Program includes access to:

- Sittercity, which offers individual in-home caregivers, including babysitters, nannies, senior caregivers, pet sitters, tutors and housekeepers
- Years Ahead, which offers a nationwide network of memory and hospice care facilities, independent and assisted living communities, and in-home health care and senior care companions
- Preferred enrollment at select Bright Horizons centers nationwide, tuition discounts at partner centers and discounted tutoring and test prep through BrightStudy

HOW THE PLAN WORKS

On the UC-specific Bright Horizons website (clients.brighthorizons.com/universityofcalifornia), you can register for Sittercity and/or Years Ahead. You must register for each separately. Once you've registered, you can read provider profiles and reviews to help you find the right caregiver for you. Sittercity allows you to post jobs and providers can respond. Years Ahead offers certified senior care advisers to help you and your family through the process of finding the right caregiver.

Bright Horizons also offers preferred enrollment and tuition discounts at some Bright Horizons child care centers and discounts on tutoring and test prep services through BrightStudy. Use the center search locator on the website to identify centers near you that participate in preferred enrollment or offer a discount. Sign up online to learn more about BrightStudy, and a representative will contact you to help you find the resources you need.

COST OF COVERAGE

UC pays the fee that gives you access to the Enhanced Family Supports Program with its networks of prescreened providers. You make all the arrangements, including selecting, hiring and paying providers.

WHEN COVERAGE ENDS

If you leave UC employment or move to an ineligible position, you may convert your Bright Horizons account to an individual consumer membership for an annual fee.

FOR MORE INFORMATION

clients.brighthorizons.com/universityofcalifornia
888-748-2489

¹ Participation in Bright Horizons Enhanced Family Supports Program is subject to bargaining with individual unions at UC. Contact your local Benefits Office to find out whether your union is participating in Bright Horizons Enhanced Family Supports Program benefit.

Health and Dependent Care Flexible Spending Account Plans

Benefits package: Full, Mid-Level, Core

Who's covered: You

Who pays: You

UC's Health and Dependent Care Flexible Spending Account plans (FSAs) allow you to pay for eligible out-of-pocket expenses for yourself and your eligible family members on a pretax basis. As a result, your salary is reduced before taxes are assessed, and you pay less in taxes.

ELIGIBILITY

You are eligible to enroll in the Health and Dependent Care Flexible Spending Accounts while you are eligible for Full, Mid-Level or Core Benefits.

IRS rules do not allow enrollment in a Health FSA and a Health Savings Account (HSA) at the same time. **This means that members of UC Health Savings Plan (paired with an HSA) are not eligible to participate in the Health FSA**, and Health FSA participants may not switch their enrollment to UC Health Savings Plan midyear (for example, if they become eligible due to a life change).

ENROLLMENT AND CHANGES IN PARTICIPATION

You may enroll when you first become eligible, when you have an eligible change in family or employment status, or during Open Enrollment. If you enroll in the UC Health Savings Plan for your medical coverage, you cannot enroll in the Health FSA.

You enroll in the FSAs for the plan year, which ends on Dec. 31 of each year. You must re-enroll during Open Enrollment to participate the following year.

You may also change your contribution or cancel participation during a 31-day period of eligibility resulting from an eligible change in family or employment status. Midyear changes must be on account of and consistent with the change in status. See the *Health or DepCare FSA Summary Plan Description* for details regarding what types of changes are allowed.

Enrollment and changes in contributions take effect on the first of the month following the action taken, subject to payroll deadlines.

HOW THE PLANS WORK

You determine the annual amount of your contributions to a plan, subject to the contribution limit for that plan. An equal portion of that amount is deducted from your paycheck and credited to your Health FSA and/or DepCare FSA account. When you have eligible expenses, you pay them from your account.

It's important to estimate your annual expenses carefully, because, based on Internal Revenue Service (IRS) regulations and plan rules, unclaimed funds in your account after the closing date for the plan year will be forfeited.

Each plan has its own rules, so be sure to read the details about each plan below.

PLAN ADMINISTRATION

WEX Health is the plan administrator for the FSAs; they handle all claims processing and reimbursement. WEX must receive claims for a plan year by April 15 of the following year in order to reimburse the expenses; for example, they must receive claims for the 2023 plan year by April 15, 2024.

HEALTH FSA

The Health FSA allows you to pay for eligible out-of-pocket health care expenses on a pretax basis. The Health FSA covers expenses for yourself, your legal spouse, your children up to age 26 or anyone else you claim as a dependent on your federal income tax return. Expenses must meet the requirements of Internal Revenue Code (IRC) §213(d) to be eligible for reimbursement.

Eligible expenses include:

- Copayments and deductibles, but not premiums
- Prescription drugs
- Menstrual care products
- Certain over-the-counter medications
- Orthodontia
- Eyeglasses and contact lenses
- Laser eye surgery
- Other health care expenses that are not reimbursed by your medical, dental or vision plan

Note that while an expense may be an eligible tax deduction, it may not be an eligible expense under the Health FSA (for example, medical plan premiums). Expenses reimbursed under the Health FSA may not be deducted on your federal income tax form.

If you enroll in a Health FSA in 2023, you can carry over unused Health FSA funds up to \$610 to the 2024 plan year.

With the carryover, if your balance is less than \$610, you do not have to rush to spend all of your Health FSA funds or worry about losing money when the current plan year ends — even if you do not re-enroll for the next plan year. Here's how it works:

- You have until Dec. 31 of the plan year to incur eligible expenses, and until April 15 of the following year to file them.
- After the run-out period ends (on April 15), unused funds up to \$610 will be credited automatically to your account. Unused funds greater than \$610 will be forfeited.
- If you do not re-enroll for the next plan year, you may still carry over up to \$610, but only for one year. In addition, if you do not re-enroll you must have at least \$25 remaining in your account to be able to carry over funds to the next plan year. Funds under \$25 are forfeited.
- To be eligible for a carryover, you must be actively enrolled in the plan as of Dec. 31. For example, if you have a status change and cancel your participation before December, any unused balance will be forfeited.

Health and Dependent Care Flexible Spending Account Plans

If you enroll midyear, expenses incurred before the date your enrollment is effective are not eligible for reimbursement. The effective date generally is the first of the month following your enrollment, but it may be later, depending on payroll deadlines.

If you enroll in the Health FSA, you will be issued a debit card that can be used to pay for eligible health care expenses at approved health care merchants such as doctors' offices and pharmacies. Instead of paying first and then filing a claim for reimbursement, the expenses are automatically deducted from your account. In some cases you may need to provide WEX Health, the plan administrator, with documentation to substantiate the eligibility of your expenses.

Expenses submitted for reimbursement are carefully evaluated against the IRC (§213) list of eligible expenses. If you use your FSA debit card at a merchant with a health care inventory information approval system (IIAS) in place, you will not need to go through this process. You may be asked for supporting documentation if your expenses are not recognized as eligible expenses. See the WEX Health website (uc-fsa.com) or the *Health FSA Summary Plan Description* for more information.

CONTRIBUTION LIMITS AND FORFEITURE RULES

You may contribute a minimum of \$180 to a maximum of \$2,850 annually to your Health FSA. If both you and your spouse are UC employees, you may each contribute up to \$2,850. The carryover does not count against the \$2,850 maximum contribution.

Be sure to estimate your expenses carefully before enrolling. Unless you experience a permitted status change (see the *Health FSA Summary Plan Description* for details), once elected, you cannot change the amount of your contribution if you miscalculate your anticipated expenses or misunderstand what expenses are eligible. As noted above, you may be required to forfeit some unclaimed funds in your account after the closing date for the plan year.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT

If you are participating in the Health FSA and wish to transfer to the UC Health Savings Plan (with Health Savings Account) at the start of a new plan year, the balance remaining in your Health FSA may be transferred to a Limited Purpose Flexible Spending Account (FSA).

The Limited Purpose FSA is available only if you meet all the following criteria:

- Are eligible for the Faculty/Staff Benefits program
- Participated in the Health FSA during a plan year
- Have a carryover balance greater than \$25 at the end of that plan year
- Enroll in the UC Health Savings Plan for the following plan year

In the above circumstances, a Limited Purpose FSA will be created for you automatically by WEX Health (you do not have to elect to participate). The balance of the Health FSA that is eligible for carryover is placed in the Limited Purpose FSA and

available for you to obtain reimbursement for allowed expenses on a pretax basis.

Contributions to the Limited Purpose FSA are limited to the Health FSA balance; the participant may not contribute additional funds.

The effective date of the Limited Purpose FSA is Jan. 1 of the year in which it is created, and the plan terminates on Dec. 31 of that year. For example, a Limited Purpose FSA created Jan. 1, 2023, funded by the remaining Health FSA balance from 2022, is in effect until Dec. 31, 2023.

There is no carryover provision for the Limited Purpose FSA. Any balance remaining at the end of the run-out period for the plan year is forfeited.

Participation in the Limited Purpose FSA is limited to one year; a participant may not re-enroll for a subsequent plan year.

The Limited Purpose FSA can be used to cover eligible expenses incurred by you, your spouse and your eligible dependents as defined by IRS rules (the same as for Health FSA).

The types of expenses that qualify for Limited Purpose FSA reimbursement are more limited than for the Health FSA, and are generally restricted to expenses for dental, vision and preventive care services. Refer to uc-fsa.com or Section 213 of the Internal Revenue Code for eligible expenses.

To be paid, claims must be for eligible dental, vision and preventive care services that are not reimbursable from any other source and must include valid supporting documentation. Eligible expenses must be incurred between Jan. 1 and Dec. 31 of the plan year. Claims must be filed by April 15 of the following year.

As with the Health FSA, if you terminate employment with funds left in the Limited Purpose FSA, you may submit claims for any eligible expenses incurred before employment ended. Any unused funds will be forfeited after the run-out period unless participation is extended through COBRA.

WHEN COVERAGE ENDS OPPORTUNITIES FOR CONTINUATION

If you lose eligibility for the Health FSA, you may continue your participation through COBRA.

The Limited Purpose FSA is also eligible for COBRA continuation, which allows you to submit claims for eligible expenses incurred through the end of the plan year. COBRA continuation is valid for the current plan year only; no funds can be carried forward to the following plan year.

DEPENDENT CARE FSA

The DepCare FSA allows you to pay for eligible expenses for care of your child or eligible adult dependent on a pretax basis. After you incur eligible dependent care expenses, you can use the debit card issued by WEX Health or submit a claim form and receipts for the expenses to WEX Health. If you file a claim, WEX

Health will reimburse you through an automatic deposit to your bank or by check.

ELIGIBLE EXPENSES

Dependent care must be necessary so that you, or you and your spouse, can work or look for work. You must have work income during the year to participate in the DepCare FSA. If you are married, your spouse must also have earned income during the year, unless your spouse is incapable of self-care or is a full-time student.

If care is provided in a day-care center, the center must charge a fee. If the center cares for six or more children who are not residents, it must comply with all state and local licensing laws and applicable regulations.

To be eligible, expenses must be for the following eligible family members:

- A child under age 13 in your custody whom you claim as a dependent on your tax return;
- A legal spouse (as defined under federal law) who is physically or mentally incapable of self-care; and
- A dependent who lives with you — such as a child over age 13, a parent, sibling, in-law or other adult — who is physically or mentally incapable of self-care, and whom you claim as a dependent on your tax return.

If care is provided outside the home for a spouse or a family member age 13 or older, either of whom is incapable of self-care, the spouse or family member must live in your home at least eight hours each day.

There is no carryover feature in the DepCare FSA. However, the plan has a grace period, which ends on March 15, 2024, for the 2023 plan year. This means that unused funds contributed in the 2023 plan year can be used for reimbursement of claims incurred from your 2023 enrollment date through March 15, 2024. The deadline for submitting claims is April 15, 2024.

Expenses incurred after your DepCare FSA participation ends are not eligible for reimbursement. If you enroll midyear, expenses incurred before the date your enrollment is effective are not eligible for reimbursement. The effective date generally is the first of the month following your enrollment, but may be later depending on payroll deadlines.

Expenses submitted for reimbursement are carefully evaluated against the IRC requirements for eligible expenses. If your expenses are not clearly eligible according to the IRC, you will need to submit additional information to WEX Health and you may not be reimbursed for these expenses. In some cases, you may need a tax adviser's statement certifying the eligibility of the expense.

See the WEX Health website (uc-fsa.com), IRS Publication 503, *Child and Dependent Care Expenses* (available on the IRS website at irs.gov) or the *DepCare FSA Summary Plan Description* for more information.

CONTRIBUTION LIMITS AND FORFEITURE RULES

When you enroll in the DepCare FSA, you determine how much you want deducted from your monthly pay, from a minimum of \$180 per year (\$15 per month) to the least of:

- Employees who earned under \$135,000 in 2022: \$5,000 per plan year (\$2,500 if you are married and filing a separate income tax return);
- Employees who earned \$135,000 or over in 2022: \$3,000 per plan year;
- Your total earned income; or
- Your spouse's total earned income. (You may not contribute to the DepCare FSA if your spouse's earned income is \$0 and your spouse is capable of self-care or is not a full-time student.)

The maximum contribution to the DepCare FSA is the same regardless of your marital status or the number of eligible dependents.

If your spouse is also eligible to participate in UC's or another employer's dependent care FSA, your combined contributions cannot exceed the contribution maximum.

Be sure to estimate your expenses carefully before enrolling. Unless you experience a permitted status change (see *DepCare FSA Summary Plan Description* for details) once elected, you cannot change the amount of your contribution due to miscalculating your anticipated expenses or to misunderstanding what expenses are eligible. The IRS requires that you forfeit any unclaimed funds in your account after the closing date for the plan year.

DEPCARE FSA AND DEPENDENT CARE TAX CREDIT

Your participation in the DepCare FSA may or may not provide more tax savings than using the federal dependent care tax credit. Any payment from the DepCare FSA reduces, dollar for dollar, the expenses eligible for the dependent care tax credit. Your tax savings from the FSA depend on your particular tax situation. For a general comparison of the DepCare FSA with the tax credit, see the *DepCare FSA Summary Plan Description*.

If you need specific advice about how the DepCare FSA applies to your tax situation, please consult a tax adviser.

WHEN COVERAGE ENDS

If you lose eligibility for DepCare FSA, contributions and coverage end. There are no options to continue or convert your coverage.

FOR MORE INFORMATION

This is only an overview of the Health and DepCare Flexible Spending Account plans. Be sure to review the Summary Plan Descriptions, available online at ucal.us/EOCs. Additional information about the FSA plans is available on the WEX Health website (uc-fsa.com).



Legal Notices

PARTICIPATION TERMS AND CONDITIONS

Your Social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity, and for legally required reporting purposes all in compliance with federal and state laws.

If you are confirmed as eligible for participation in UC-sponsored plans, you are subject to the following terms and conditions:

ARBITRATION

With the exception of benefits provided or administered by Optum Behavioral Health, UC-sponsored medical plans require resolution of disputes through arbitration.

With regard to each plan, except a Kaiser Foundation Health Plan, by your written or electronic signature, IT IS UNDERSTOOD AND YOU AGREE THAT ANY DISPUTE AS TO MEDICAL MALPRACTICE — THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED — WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THE CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION.

With regard to enrollment in a Kaiser Foundation Health Plan (KFHP), I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between me, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc., any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

For more information about each plan's arbitration provision please see the appropriate plan booklet or call the plan.

- UC and UC health and welfare plan vendors comply with federal/state regulations related to the privacy of personal/confidential information including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable. To fulfill the responsibilities and perform the service required under contracts with UC, health plans and associated service vendors may share UC member health information between and among each other within the limits established by HIPAA and federal/state regulations for purposes of health care operations, payment, and treatment.
- By making an election with your written or electronic signature you are authorizing the University to take deductions from your earnings (employees)/monthly Retirement Plan income (retirees)/designated bank account (direct payment retirees) to cover your contributions toward the monthly costs (if any) for the plans you have chosen for yourself and your eligible family members. You are also authorizing UC to transmit your enrollment demographic data to the plans in which you are enrolled.
- You are subject to all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and the University of California Group Insurance Regulations.
- By enrolling individuals as your family members you are certifying that those individuals are eligible for coverage based on the definitions and rules specified in the University of California Group Insurance Regulations and described in UC health and welfare plan eligibility publications. You are also certifying under penalty of perjury that all the information you provide regarding the individuals you enroll is true to the best of your knowledge.
- If you enroll individuals as your family members you must provide, upon request, documentation verifying that those individuals are eligible for coverage. The carrier may also require documentation verifying eligibility. Verification documentation includes, but is not limited to, marriage or birth certificates, domestic partner verification, adoption papers, tax records and the like.
- If your enrolled family member loses eligibility for UC-sponsored coverage (for example because of divorce or loss of eligible child status) you must notify UC by disenrolling that individual. If you wish to make a permitted change in your health or flexible spending account coverage you must notify UC within 31 days of the eligibility loss event; for purposes of COBRA, eligibility loss notice must be provided to UC within 60 days of the family member's loss of coverage. However, regardless of the timing of notice to UC, coverage for the ineligible family member will end on the last day of the month

Legal Notices

in which the eligibility loss event occurs (subject to any continued coverage option available and elected).

- Making false statements about satisfying eligibility criteria, failing to timely notify the University of a family member's loss of eligibility, or failing to provide verification documentation when requested may lead to disenrollment of the affected family members. Employees/retirees may also be subject to disciplinary action and disenrollment from health benefits and may be responsible for any cost of benefits provided and UC-paid premiums due to misuse of plan.
- Under current state and federal tax laws, the value of the contribution UC makes toward the cost of health coverage provided to domestic partners and certain other family members who are not "your dependents" under state and federal tax rules may be considered imputed income that will be subject to income taxes, FICA (Social Security and Medicare), and any other required payroll taxes. (Coverage provided to California registered domestic partners is not subject to imputed income for California state tax purposes.)
- If you specifically ask UC representatives to intercede on your behalf with your insurance plan, University representatives will request the minimum necessary protected health information required to assist you with your problem. If more protected health information is needed to solve your problem, in compliance with state laws and federal privacy laws (including HIPAA), you may be required to sign an authorization allowing UC to provide the health plan with relevant protected health information or authorizing the health plan to release such information to the University representative.
- Actions you take during Open Enrollment will be effective the following Jan. 1 unless otherwise stated — provided all electronic and form transactions have been completed properly and submitted timely.
- By enrolling in the Critical Illness, Hospital Indemnity or Accident plans you agree to and are consenting to the following: If you have other coverage with Aflac and you intend for the group coverage with UC to replace any similar existing Aflac individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy via direct bill. You have considered all of your existing health insurance coverage with Aflac and believe this additional coverage is appropriate for your insurance needs. You further understand that you can contact Aflac at 1-800-992-3522 regarding your individual policy and for assistance in evaluating the suitability of your insurance coverage. Any false statement or misrepresentation in the application that was made with actual intent to deceive Continental American Life Insurance Company may result in loss of coverage under the certificate. Any false statement or misrepresentation that was made in the Employee

Application/Statement of Insurability shall not bar the right to recovery under the Certificate unless such statement was made with intent to deceive Continental American Life Insurance Company or unless it materially affected either the acceptance of the risk or the hazard assumed by the Company (Note: coverage sponsored by UC is guaranteed issue and no application or statement of insurability is required to enroll). California law prohibits an HIV test from being required or used by Continental American Life Insurance Company as a condition for obtaining health insurance coverage (Note: coverage sponsored by UC is guaranteed issue and no medical information is required to enroll).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) NOTIFICATION FOR MEDICAL PROGRAM ELIGIBILITY

If you are declining enrollment for yourself or your eligible family members because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your eligible family members¹ in a UC-sponsored medical plan if you or your family members lose eligibility for that other coverage (or if the employer stops contributing toward the other coverage for you or your family members.) You must request enrollment within 31 days after you or your family member's other medical coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a newly eligible family member as a result of marriage or domestic partnership, birth, adoption, or placement for adoption, you may be eligible to enroll your newly eligible family member. If you are an employee you may be eligible to enroll yourself, in addition to your eligible family member(s). You must request enrollment within 31 days after the marriage or partnership, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible family member because of coverage under Medicaid (in California, Medi-Cal) or under a state children's health insurance program (CHIP) you may be able to enroll yourself and your eligible family members in a UC-sponsored plan if you or your family members lose eligibility for that coverage. You must request enrollment within 60 days after your coverage or your family members' coverage ends under Medicaid or CHIP.

¹ To be eligible for plan membership, you and your family members must meet all UC employee or retiree enrollment and eligibility requirements. As a condition of coverage, all plan members are subject to eligibility verification by the University and/or insurance carriers, as described above in the participation terms and conditions.

Also, if you are eligible for health coverage from UC but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage. For details, contact the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services at www.cms.gov or 1-877-267-2323 ext. 61565.

IF YOU DO NOT ENROLL YOURSELF AND/OR YOUR FAMILY MEMBER(S) IN MEDICAL COVERAGE WITHIN THE 31 DAYS WHEN FIRST ELIGIBLE, WITHIN A SPECIAL ENROLLMENT PERIOD DESCRIBED ABOVE, OR WITHIN AN OPEN ENROLLMENT PERIOD, YOU MAY BE ELIGIBLE TO ENROLL AT A LATER DATE. However, even if eligible, each affected individual will need to complete a waiting period of 90 consecutive calendar days before medical coverage becomes effective and employee premiums may need to be paid on an after-tax basis (retiree premiums are always paid after-tax). Otherwise, you/they can enroll during the next Open Enrollment Period.

To request special enrollment or obtain more information, employees should contact their local Benefits Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

Note: If you are enrolled in a UC medical plan you may be able to change medical plans if:

- you acquire a newly eligible family member; or
- your eligible family member loses other coverage.

In either case you must request enrollment within 31 days of the occurrence.

In addition to the special enrollment rights you have under HIPAA, the University's Group Insurance Regulations (GIRs) permit you to change medical plans under certain other conditions. See UC GIRs for additional detail.

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 UC Retirement Administration Service Center (800-888-8267).

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 Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607, and for faculty to the Office of Academic Personnel and Programs, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.



Which medical plan is right for you?

2023 QUICK-REFERENCE GUIDE

UNIVERSITY
OF
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Employee Medical Plan Costs

UC will continue to pay the greater portion of monthly medical plan premiums in 2023, and employees will pay the balance as shown in the tables.

Four Rate Levels Based on Salary

Four rate tables (“pay bands”) are shown here. Your pay band, and thus your premium, is based on your full-time salary rate as of January 1, 2022. UC provides larger monthly employer contributions for those earning less to help keep premium costs from becoming a burden.

Retiree Medical Plan Costs

Retirees can find their monthly premiums for the medical plans listed here online at ucal.us/retireepremiums

FOR THOSE WITH FULL-TIME SALARY RATE OF \$65,000 OR LESS

PLAN	S	+ C	+A	+ S, C, A
CORE PPO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente—California	\$28.87	\$51.97	\$63.24	\$86.30
UC Blue & Gold HMO	\$84.37	\$151.87	\$244.81	\$312.31
UC Care	\$169.03	\$304.25	\$422.59	\$557.81
UC Health Savings Plan	\$28.16	\$50.70	\$61.68	\$84.18

FOR THOSE WITH FULL-TIME SALARY RATE OF \$65,001–\$129,000

PLAN	S	+ C	+A	+ S, C, A
CORE	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente—California	\$67.05	\$120.69	\$150.40	\$204.01
UC Blue & Gold HMO	\$122.55	\$220.59	\$331.97	\$430.02
UC Care	\$207.21	\$372.97	\$509.75	\$675.52
UC Health Savings Plan	\$66.34	\$119.42	\$148.84	\$201.89

S: Self +C: Self Plus Child(ren) +A: Self Plus Adult +S, C, A: Self Plus Adult and Child(ren)

FOR THOSE WITH FULL-TIME SALARY RATE OF \$129,001–\$194,000

PLAN	S	+ C	+A	+ S, C, A
CORE	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente—California	\$106.23	\$191.21	\$228.51	\$313.46
UC Blue & Gold HMO	\$161.73	\$291.11	\$410.08	\$539.47
UC Care	\$246.39	\$443.49	\$587.86	\$784.97
UC Health Savings Plan	\$105.52	\$189.94	\$226.95	\$311.34

FOR THOSE WITH FULL-TIME SALARY RATE OF OVER \$194,000

PLAN	S	+ C	+A	+ S, C, A
CORE	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente—California	\$146.80	\$264.24	\$309.44	\$426.84
UC Blue & Gold HMO	\$202.30	\$364.14	\$491.01	\$652.85
UC Care	\$286.96	\$516.52	\$668.79	\$898.35
UC Health Savings Plan	\$146.09	\$262.97	\$307.88	\$424.72

S: Self +C: Self Plus Child(ren) +A: Self Plus Adult +S, C, A: Self Plus Adult and Child(ren)

Medical Benefits Summary: 2023

(Non-Medicare)

PLAN	COSTS		
	Calendar Year Deductible	Health Savings Account (HSA) (UC Contribution)	Annual Out-of-Pocket Maximum ⁴
UC Blue & Gold HMO (HMO) 1-800-539-4072	\$0	Not applicable	Individual: \$1,000 Family (3 persons or more): \$3,000
Kaiser—CA (HMO) 1-800-464-4000 1-800-324-9208 (Prospective Members)	\$0	Not applicable	Individual: \$1,500 Family (2 persons or more): \$3,000
UC Care In-Network: UC Select (PPO) 1-866-406-1182	\$0	Not applicable	Individual: \$6,100 ¹ Family: \$9,700 ¹
UC Care In-Network: Anthem Preferred (PPO) 1-866-406-1182	Individual: \$500 ¹ Family: \$1,000 ¹	Not applicable	Individual: \$7,600 ¹ Family: \$14,200 ¹
UC Care Out-of-Network (PPO) 1-866-406-1182	Individual: \$750 ¹ Family: \$1,750 ¹	Not applicable	Individual: \$9,600 ¹ Family: \$20,200 ¹
UC Health Savings Plan In-Network (PPO) 1-866-406-1182	Individual Coverage: \$1,500 ² Family Coverage: \$3,000 ² (You may use your HSA funds to pay for your deductible and other eligible out-of-pocket expenses.)	Employee: up to \$500 ³ Employee & Adult: up to \$1,000 ³ Employee & Children: up to \$1,000 ³ Family: up to \$1,000 ³	Individual Coverage: \$4,000 Family Coverage: \$6,400
UC Health Savings Plan Out-of-Network (PPO) 1-866-406-1182	Individual Coverage: \$2,550 ² Family Coverage: \$5,100 ² (You may use your HSA funds to pay for your deductible and other eligible out-of-pocket expenses.)	Employee: up to \$500 ³ Employee & Adult: up to \$1,000 ³ Employee & Children: up to \$1,000 ³ Family: up to \$1,000 ³	Individual Coverage: \$8,000 Family Coverage: \$16,000
CORE (PPO) 1-866-406-1182	Individual: \$3,000	Not applicable	Individual: \$6,350 Family: \$12,700

DEFINITIONS

CALENDAR YEAR DEDUCTIBLE

The amount you must pay for medical services before the plan will provide benefits.

ANNUAL OUT-OF-POCKET MAXIMUM

The amount you must pay during the calendar year before the plan will pay 100% of covered charges. Some expenses do not apply toward the maximum; see the plan's evidence of coverage booklet.

COPAYMENTS

Shown in dollars; represents the amount you pay.

COINSURANCE

Shown as a percentage; represents the percentage of the allowable amount you pay.

ALLOWABLE AMOUNT

The dollar amount considered payment-in-full for services provided by the health plan carrier's network of healthcare providers. (Out-of-network providers may bill members for amounts in excess of the allowable amount.)

¹ UC Care deductible and out-of-pocket maximums do not cross-accumulate for in-network and out-of-network services. The UC Select and Anthem Preferred out-of-pocket maximum do cross-accumulate.

² In-network expenses count toward meeting the out-of-network deductible, but out-of-network expenses do not count toward meeting the in-network deductible (except for authorized ambulance and emergency medical services).

³ This assumes you are covered January 1, 2023. If you enroll later in the year, the UC contribution is prorated.

⁴ The annual out-of-pocket maximum combines medical, behavioral health, and prescription drugs.

Medical Benefits Summary: 2023

(Non-Medicare)

PLAN	HOSPITAL SERVICES					PHYSICIAN VISITS					
	Inpatient	Surgeon/ Assistant Surgeon	Emergency Room	Ambulance	Urgent Care	Office Visit	Hospital Visit	Preventive Physical Exam	Maternity Outpatient Care	Maternity Inpatient Care	Well Baby Care
UC Blue & Gold HMO (HMO)	\$250 copayment per admittance	No charge	\$125 (waived if admitted)	No charge	\$20	\$20	No charge	No charge	No charge	\$250 copayment per admittance	No charge
Kaiser—CA (HMO)	\$250 copayment per admittance	No charge	\$125 (waived if admitted)	No charge	\$20	\$20	No charge	No charge	No charge	\$250 copayment per admittance	No charge
UC Care In-Network: UC Select (PPO)	\$250 copayment	No charge	Facility: \$300 copay per visit not resulting in admission, \$250 if admitted ER Physician Services: No charge (not subject to calendar year deductible)	N/A (services covered under Anthem Preferred)	\$20	\$20	No charge	No charge	\$20 (initial visit only)	\$250 copayment per admittance	No charge
UC Care In-Network: Anthem Preferred (PPO)	30%	30%	Facility: \$300 copay per visit not resulting in admission, \$250 if admitted ER Physician Services: No charge (not subject to calendar year deductible)	\$200/trip (not subject to calendar year deductible)	\$20 (not subject to calendar year deductible)	30%	30%	No charge (not subject to calendar year deductible)	30%	30%	No charge (not subject to calendar year deductible)
UC Care Out-of-Network (PPO)	50% (non-preferred hospitals subject to maximum payment of \$300/day)	50%	Facility: \$300 copay per visit not resulting in admission, \$250 if admitted ER Physician Services: No charge (not subject to calendar year deductible)	\$200/trip (not subject to calendar year deductible)	50%	50%	50%	50%	50%	50% (non-preferred hospitals subject to maximum payment of \$300/day)	50%
UC Health Savings Plan In-Network (PPO)	20%	20%	20%	20%	20% after deductible	20%	20%	No charge (not subject to calendar year deductible)	20%	20%	No charge (not subject to calendar year deductible)
UC Health Savings Plan Out-of-Network (PPO)	40% (out-of-network hospitals subject to maximum payment of \$360/day)	40%	20%	20%	40% after deductible	40%	40%	40%	40%	40% (out-of-network hospitals subject to maximum payment of \$360/day)	40%
CORE (PPO)	20% (out-of-network hospitals subject to maximum payment of \$480/day)	20%	20%	20%	20% after deductible	20%	20%	No charge (not subject to calendar year deductible)	20%	20% (out-of-network hospitals subject to maximum payment of \$480/day)	No charge (not subject to calendar year deductible)

Medical Benefits Summary: 2023

(Non-Medicare)

PLAN	OTHER BENEFITS						
	Hospice Inpatient and Outpatient	Home Health Care	Skilled Nursing Facility	Outpatient X-Ray and Lab	Eye Exams	Chiropractor	Acupuncture
UC Blue & Gold HMO (HMO)	No charge	No charge	No charge (up to 100 days/ calendar year)	No charge	\$20 (no charge if part of a preventive care exam)	\$20 (24-visit limit/calendar year combined with acupuncture)	\$20 (24-visit limit/calendar year combined with chiropractor)
Kaiser—CA (HMO)	No charge	No charge (up to 100 visits/calendar year)	No charge (up to 100 days/ calendar year)	No charge	No charge if part of a routine physical exam	\$15 (24-visit limit/calendar year combined with acupuncture)	\$15 (24-visit limit/calendar year combined with chiropractor)
UC Care In-Network: UC Select (PPO)	N/A (services covered under Anthem Preferred)	N/A (services covered under Anthem Preferred)	N/A (services covered under Anthem Preferred)	\$20	No charge if part of a routine physical exam	N/A (services covered under Anthem Preferred)	N/A (services covered under Anthem Preferred)
UC Care In-Network: Anthem Preferred (PPO)	30%	30% (up to 100 visits/ calendar year)	30% (up to 100 days/ calendar year)	30%	No charge if part of a routine physical exam	30% (preferred providers and 24-visit limit/calendar year combined with acupuncture)	30% (preferred providers and 24-visit limit/calendar year combined with chiropractor)
UC Care Out-of-Network (PPO)	50% (non-preferred hospitals subject to maximum payment of \$300/day)	50% (up to 100 days/ calendar year). If authorized, paid at Anthem Preferred tier.	50% (up to 100 days/ calendar year). If authorized, paid at Anthem Preferred tier; otherwise, subject to maximum payment of \$300/ day.	50%	50%	50% (up to allowed amount and 24-visit limit/calendar year combined with acupuncture)	30% (up to allowed amount and 24-visit limit/calendar year combined with chiropractor)
UC Health Savings Plan In-Network (PPO)	20%	20% (up to 100 visits/ calendar year)	20% (up to 100 days/calendar year)	20%	No charge if part of a routine physical exam, otherwise 20%	20% (24-visit limit/calendar year combined with acupuncture)	20% (24-visit limit/calendar year combined with chiropractor)
UC Health Savings Plan Out-of-Network (PPO)	Not covered unless prior authorized. If authorized, in-network benefit applies.	Not covered unless prior authorized. If authorized, in-network benefit applies.	20% (up to 100 days/calendar year)	40%	40%	40% (up to allowed amount and 24-visit limit/calendar year combined with acupuncture)	20% (up to allowed amount and 24-visit limit/calendar year combined with chiropractor)
CORE (PPO)	20%	20% (up to 100 visits/ calendar year) (out-of-network not covered)	20% (up to 100 days/calendar year)	20%	No charge if part of a routine physical exam, otherwise 20%	20% (24-visit limit/calendar year combined with acupuncture)	20% (24-visit limit/calendar year combined with chiropractor)

Medical Benefits Summary: 2023

(Non-Medicare)

PLAN	PRESCRIPTION DRUGS		BEHAVIORAL HEALTH ¹⁰			
	Retail (Up to 30-day supply)	Mail Order (Up to 90-day supply)	Mental Health Inpatient	Mental Health Outpatient Visits	Substance Abuse Inpatient	Substance Abuse Outpatient Visits
UC Blue & Gold HMO (HMO)	Generic: \$5 ⁹ Brand: \$25 ^{5,9} Non-Formulary: \$40 ^{5,9}	Generic: \$10 Brand: \$50 ⁵ Non-Formulary: \$80 ⁵	\$250 copayment per admittance or course of treatment (preauthorization required)	Visits 1–3: No copayment Visits 4+: \$20 (non-routine visits: \$0 copay for 4+ visits)	\$250 copayment per admittance or course of treatment (preauthorization required)	Visits 1–3: No copayment Visits 4+: \$20 (non-routine visits: \$0 copay for 4+ visits)
Kaiser—CA (HMO)	30-day supply—Generic: \$5; Brand: \$25; 31–60 day supply—Generic: \$10; Brand: \$50; 61–100 day supply—Generic: \$15; Brand: \$75 Non-Formulary: does not apply	30-day supply—Generic: \$5; Brand: \$25; 31–100 day supply—Generic: \$10; Brand: \$50 Non-Formulary: does not apply	Kaiser: \$250 copayment per admittance Optum: \$250 copayment per admittance or course of treatment (preauthorization required)	Kaiser: \$20 for individual visit; \$10 for group visit. Optum: Visits 1–3: No copayment. Visits 4+: \$20	Kaiser: \$250 copayment per admittance Optum: \$250 copayment per admittance or course of treatment (preauthorization required)	Kaiser: \$20 for individual visit; \$5 for group visit. Optum: Visits 1–3: No copayment. Visits 4+: \$20
UC Care In-Network: UC Select (PPO)	At select pharmacies: Tier 1: \$5 ^{6,7,9} Tier 2: \$25 ^{6,7,9} Tier 3: \$40 ^{6,7,9}	Tier 1: \$10 ^{6,7} Tier 2: \$50 ^{6,7} Tier 3: \$80 ^{6,7}	\$250 copayment per admittance or course of treatment	Visits 1–3: No copayment Visits 4+: \$20	\$250 copayment per admittance or course of treatment	Visits 1–3: No copayment Visits 4+: \$20
UC Care In-Network: Anthem Preferred (PPO)	At select pharmacies: Tier 1: \$5 ^{6,7,9} Tier 2: \$25 ^{6,7,9} Tier 3: \$40 ^{6,7,9}	Tier 1: \$10 ^{6,7} Tier 2: \$50 ^{6,7} Tier 3: \$80 ^{6,7}	\$250 copayment per admittance or course of treatment	Visits 1–3: No copayment Visits 4+: \$20	\$250 copayment per admittance or course of treatment	Visits 1–3: No copayment Visits 4+: \$20
UC Care Out-of-Network (PPO)	50% (of billed charges per prescription) ⁸	Not covered	50% Additional \$250 copayment for failure to preauthorize	50%	50% Additional \$250 copayment for failure to preauthorize	50%
UC Health Savings Plan In-Network (PPO)	20% ^{8,9}	20% ⁸	20%	20%	20%	20%
UC Health Savings Plan Out-of-Network (PPO)	40% ⁸	Not covered	40% \$250 for failure to preauthorize	40%	40% \$250 for failure to preauthorize	40%
CORE (PPO)	20% ^{8,9}	Preferred: 20% ⁸ Non-preferred: Not covered	20%	20%	20%	20%

Note: Benefits show what member pays.

This is a summary only. Important details—such as limitations, exclusions, exceptions, and other qualifiers—may not be included. For detailed information, call the plan or see their website for specific benefits, benefits when traveling overseas, provider information, and plan booklets.

Service areas: To determine if a medical plan provides service where you live, call the plan directly.

For plan website links, visit ucal.us/plancontacts

Anthem Blue Cross is the medical plan administrator and Navitus is the pharmacy benefit manager of the UC Care, UC Health Savings, and CORE plans.

Health Net is the administrator of the UC Blue & Gold HMO plan.

⁵ When a generic drug is available and you or your physician choose the brand name drug, the drug will not be covered by the plan. If you obtain a brand name drug in this scenario, you will be responsible for 100% of the cost and it will not count towards your annual out-of-pocket maximum. With prior authorization, exceptions for medical necessity can be made and you pay the non-formulary (Tier 3) copay.

⁶ The Navitus prescription drug formulary classifies (and charges for) medications by tier, as follows:

Tier 1—Preferred generics and some lower cost brand products

Tier 2—Preferred brand products and some high cost non-preferred generics

Tier 3—Non-preferred products (could include some high cost non-preferred generics)

⁷ When a generic drug is available and you or your physician choose the brand-name drug, you must pay the applicable brand copay plus the difference between the cost of the brand-name drug and the generic equivalent. With prior authorization, exceptions for medical necessity can be made and you pay the Tier 3 (Non-preferred) copay.

⁸ When a generic drug is available and you or your physician choose the brand-name drug, you must pay coinsurance on the cost of the brand drug plus the difference between the cost of the brand-name drug and the generic equivalent. With prior authorization, exceptions for medical necessity can be made and you pay coinsurance on the cost of the brand-name drug.

⁹ 90-day supply available for maintenance medication at UC Medical Center pharmacies at plan's mail order copay benefit level. UC Blue & Gold HMO plan members can access this benefit at CVS walk-up pharmacies. UC PPO plan members can also access this benefit at additional Navitus Preferred Retail Pharmacies.

¹⁰ PPO members receive behavioral health benefits through their medical plan. UC Blue & Gold HMO members receive behavioral health benefits from Managed Health Network (MHN). Kaiser members have access to the Kaiser benefit shown, in addition to the Optum in-network benefits and network of providers.

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 UC Retirement Administration Service Center (800-888-8267).

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 Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 5th Floor, CA 94607, and for faculty to the Office of Academic Personnel and Programs, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.

Retirement Benefits Decision Guide

For eligible faculty and staff hired on or after July 1, 2016

UNIVERSITY
OF
CALIFORNIA





Your UC Retirement Benefits

As a University of California employee, you help shape the quality of life for people throughout California and around the world.

UC's comprehensive benefits are among the ways we recognize our employees for their contributions, and are an important part of your compensation.

UC offers you a choice of primary retirement benefit options—Pension Choice or Savings Choice. Participation in one of the options is required, and you choose the one that's right for you.

Make a choice and enroll as soon as you can — your benefits only begin to grow once you enroll.

The summaries in this booklet 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 Administrator has the authority to interpret disputed provisions.

1.

Helping You Prepare for a Successful Retirement

Preparing for a successful retirement is one of the biggest financial responsibilities you'll face. All eligible new employees have a choice of primary (required) retirement benefits, with costs shared by you and UC. With this guide, we'll show you your options and explain how each one works, along with examples and other resources to help you choose the best option for your personal situation.

Your Benefits Decision Checklist

Check off the actions on the right to understand your UC retirement benefits and enroll as soon as you can. See page 13 to learn more about why it's important to enroll sooner rather than later.

Your retirement benefits are **prospective** – they don't start until you make an account and enroll through myUCretirement.com. If you don't choose a primary retirement option within 90 days, you will be permanently enrolled in Pension Choice—you cannot change your participation to Savings Choice later (see page 17).

In general, your 90-day enrollment window starts on the day you become eligible, usually the day you're hired. If you're uncertain about your eligibility date, please contact the UC Retirement Administration Service Center at 800-888-8267. Your enrollment window closes once you submit a choice.

LEARN ABOUT YOUR PRIMARY RETIREMENT BENEFIT OPTIONS

SEE HOW EACH OPTION WORKS

Pages 6–11

SEE ILLUSTRATIONS OF DIFFERENT CHOICES

Pages 14–15

FIND DEFINITIONS AND DETAILS

ucal.us/guidetoretirementben

COMPARE THE OPTIONS

myUCretirement.com/choose

GET HELP WITH YOUR DECISION

ATTEND A WORKSHOP OR WEBINAR

myUCretirement.com/classes

MEET WITH A WORKPLACE FINANCIAL CONSULTANT

800-558-9182 or
Fidelity.com/schedule/UC

MAKE YOUR CHOICE

ENROLL ON MYUCRETIREMENT.COM

myUCretirement.com/choose

2.

Your Primary Retirement Benefit Options: Pension Choice or Savings Choice

When it comes to choosing your primary retirement benefits, you have two options—Pension Choice or Savings Choice. Both options help you build valuable retirement income in addition to Social Security benefits and any savings you may have. Here's an overview of who's eligible for these benefits, how each option works, and how long you have to make your choice. For complete details, please see your Summary Plan Description.

WHO IS ELIGIBLE FOR RETIREMENT CHOICE?

You are eligible for a choice of primary retirement benefits if you:

- Are hired into an eligible faculty or career staff appointment on or after July 1, 2016; OR
- Are hired in an ineligible position on or after July 1, 2016 and then become eligible for retirement benefits.

REHIRED, NEWLY ELIGIBLE AND FORMER CALPERS-COVERED EMPLOYEES

You may not be subject to the PEPRA maximum (and your retirement benefit options may differ) if you:

- Previously worked for UC in an eligible appointment;
- Were hired before July 1, 2016 and became eligible for retirement benefits after July 1, 2016; OR
- Were a “Classic Member” under CalPERS and are eligible for reciprocity with UC.

If you believe you meet these criteria, or if you have questions regarding whether you are subject to the PEPRA maximum, contact the UC Retirement Administration Service Center at 800-888-8267. New UC employees who were classified as a “Classic Member” under CalPERS and are also eligible for reciprocity with UC need to self-identify to the UC Retirement Administration Service Center within 90 days of their Pension Choice election.

UNION-REPRESENTED EMPLOYEES

If you're represented by a union, your retirement benefits are governed by your union's contract with UC and may be different than the benefits outlined here. Please refer to your collective bargaining agreement (available at ucal.us/agreements) for details.

ABOUT PEPRA AND RETIREMENT EARNINGS MAXIMUMS

The maximum amount of your compensation that counts toward your retirement benefits may be affected by a number of factors, including the 2013 California Public Employees' Pension Reform Act (PEPRA) maximum, the IRS dollar maximum and UC guidelines about eligible pay.

Please note that the Plan year runs from July 1 to June 30.

PEPRA Pensionable Earnings Maximum

The maximum salary that counts toward your pension benefits is consistent with the maximum on pensionable earnings for the Plan year under PEPRA. This maximum also applies to other California public pension plans and is reviewed annually and may be adjusted. For the 2023 Plan year, the maximum is \$146,042.

IRS Pay Maximum

The IRS sets a dollar maximum for annual earnings for the Plan year upon which retirement benefits and contributions may be based. This maximum is also reviewed and may be adjusted annually. For the 2023 Plan year, this maximum is \$330,000.

Eligible Pay

Retirement benefits are calculated based on “eligible pay,” which does not include certain types of compensation. For a list of types of compensation that are not considered “eligible pay” when calculating retirement benefits, see *A Complete Guide to Your UC Retirement Benefits on UConet* (ucal.us/guidetoretirementben).

HOW YOUR OPTIONS COMPARE¹

PENSION CHOICE

How it Works

Pension Choice includes a monthly pension benefit under the University of California Retirement Plan (UCRP), for predictable lifetime retirement income based on your eligible pay (up to the PEPR maximum), service credit and retirement age.

Along with the pension benefit, some faculty and staff are eligible for a supplemental 401(k)-style account, with contributions from you and UC.

UC makes decisions about the investments of the UCRP and assumes the investment risk. For the supplemental account, you choose from a menu of funds and you assume the investment risk.

The decision to participate in Pension Choice is irrevocable—you cannot change your participation to Savings Choice later.

Shared Contributions³

You contribute 7% of your eligible pay, before taxes. Contributions on pay above the PEPR maximum up to the annual IRS pay maximum go into your supplemental account.

UC contributes:

Pension: A percentage of eligible pay (determined by the UC Regents), up to the PEPR maximum.

Supplement for designated faculty⁴: 5% on **all** eligible pay up to the IRS pay max.

Supplement for staff and other academic employees: 3% on eligible pay **above** the PEPR maximum, up to the IRS pay maximum.

Your Retirement Income and Benefits

When you vest in (become eligible for) benefits: Your contributions to your pension and supplemental account (if you have one) are always yours. You vest in your pension benefits and in UC's contributions to your supplemental account once you have earned five years of UCRP service credit. You begin to earn service credit when you start making contributions.

Income: When you retire, you receive lifetime monthly income based on your highest average 36 months of eligible pay (up to the PEPR max), your UCRP service credit, and your age. You can choose a "contingent annuitant" to receive monthly lifetime income upon your death. Supplemental account distributions are governed by plan rules. The balance depends on contributions from you and UC and your investments' performance, and can be left to your beneficiary.

Additional benefits: You may be eligible for retiree health benefits (see ucal.us/retireehealth) and continuing health benefits for your contingent annuitant (if eligible) after your death. If you become disabled before retirement, you may be eligible for some income and health benefits.

SAVINGS CHOICE

How it Works

Savings Choice works much like a 401(k) plan. Your mandatory pretax contributions, contributions from UC (based on your eligible pay²) and any investment earnings accumulate in a tax-deferred retirement account. You choose your investments from a menu of available funds, and you assume the investment risk. UC provides educational resources to help you plan.

If you choose Savings Choice, you will have a one-time opportunity, beginning on the fifth anniversary of the calendar year you make your election, to switch to Pension Choice prospectively. See page 17.

Shared Contributions³

You contribute 7% of your eligible pay, before taxes, up to the annual IRS pay maximum. **UC contributes** 8% of your eligible pay, up to the IRS pay maximum.

Your Retirement Income and Benefits

When you vest in (become eligible for) benefits: Your contributions to your account are always yours. UC's contributions will vest after one year.

Income: You draw money from your account; distributions are governed by plan rules. The balance will depend on the amount contributed by you and UC and your investments' performance, and can be left to your designated beneficiary.

Additional benefits: You may be eligible for retiree health benefits from UC (see ucal.us/retireehealth). Savings Choice does not include disability benefits or continuing health benefits for your survivor, but you can choose employee-paid disability and supplemental life insurance.

¹ See *A Complete Guide to Your UC Retirement Benefits* on UCnet for more information.

² Some types of compensation not considered "eligible pay" when calculating retirement benefits are:

- Pay that exceeds the full-time rate or established base pay rates for regular, normal positions;
- Pay that exceeds the base salary (X+X') under the Health Sciences Compensation Plan.
- Overtime pay (unless for compensatory time off);

³ Employer and employee contribution rates are set periodically by the UC Regents. Because UCRP is a defined benefit plan, a member receives a specified payment amount at retirement (based on UCRP service credit, retirement age and eligible annual pay, up to the applicable maximum), irrespective of the amount the individual or UC contributes. Provisions of the 2016 Retirement Choice Program are subject to collective bargaining for represented employees. Please refer to the appropriate collective bargaining agreement, as benefits and other provisions may vary.

⁴ In general, you are eligible for the faculty program if you are an academic appointee in one of the following groups.

- Ladder-rank faculty and equivalent titles (Professional and Equivalent titles, which include Agronomists, Astronomers, Clinical Professor of Dentistry [over 50%] and Supervisor of Physical Ed)
- Professor in Residence series
- Professor of Clinical (X) series
- Acting full, associate and assistant professors
- Lecturers/Senior Lecturers (full-time) with Security of Employment or Potential Security of Employment (excluding UC Hastings Lecturers/Senior Lecturers)
- Adjunct Professor series
- Health Science Clinical Professor series
- Librarians covered by the Professional Librarians Unit (LX Unit) and Non-Senate Instructional/UC-AFT (IX), due to specific provisions within their collective bargaining agreement

Retirement Options at a Glance

This at-a-glance summary is intended to help you understand the key features and differences of the two options. Remember, the sooner you make your choice, the sooner you start receiving UC contributions and service credit. If you don't make an election within 90 days from your date of hire (or your eligibility date), you automatically will be enrolled in Pension Choice.

PENSION CHOICE	SAVINGS CHOICE
Description	
Pension benefit based on UCRP service credit, age at retirement and eligible pay up to PEPPA maximum (\$146,042 in 2023); 401(k)-style supplemental account for those faculty and staff who are eligible	Stand-alone 401(k)-style benefit Based on eligible pay up to IRS maximum (\$330,000 for 2023)
Mandatory employee pretax contributions	
7% up to IRS maximum	7% up to IRS maximum
UC contributions	
<p>Pension benefit for all employees: Percentage of eligible pay, as determined by the UC Regents, up to PEPPA maximum</p> <p>Supplement for designated faculty: 5% on all eligible pay up to IRS maximum</p> <p>Supplement for eligible staff and other academic appointees: 3% on eligible pay above PEPPA maximum up to IRS maximum</p>	8% for all employees up to IRS maximum
Vesting (your contributions always belong to you)	
5 years UCRP service credit	1 year from eligibility date
Disability and survivor benefits	
UCRP provides disability and survivor benefits for qualifying eligible members and survivors. You can choose someone to receive lifetime monthly income upon your death. Continued UC health and welfare benefits may be available to an eligible member who becomes disabled before retirement and to eligible dependents.	No survivor or disability benefits, or the continuation of UC health and welfare coverage often available with such benefits, as provided under UCRP. You can designate a beneficiary for your account balance and opt for employee-paid disability and/or supplemental life insurance group coverage.
Choice / Default	
Initial choice: Eligible employees choose one option within an initial 90-day enrollment period. Your enrollment window closes once you submit a choice.	
Default: Employees who do not make a choice within the 90-day period will be enrolled prospectively in Pension Choice by default.	
Second choice: Enrollment in Pension Choice is irrevocable. Employees who choose Savings Choice will have a one-time opportunity on the fifth anniversary of their election to switch to Pension Choice prospectively. See page 17.	

Retirement Benefits Decision Guide

For rehired or newly eligible employees who
worked for UC before July 1, 2016, and former
CalPERS-covered employees

UNIVERSITY
OF
CALIFORNIA





Your UC Retirement Benefits

As a University of California employee, you help shape the quality of life for people throughout California and around the world.

UC's comprehensive benefits are among the ways we recognize our employees for their contributions, and are an important part of your compensation.

UC offers you a choice of primary retirement benefit options — Pension Choice or Savings Choice. Participation in one of the options is required, and you choose the one that's right for you.

Make a choice and enroll as soon as you can — your benefits only begin to grow once you enroll.

The summaries in this booklet 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 Administrator has the authority to interpret disputed provisions.

1.

Helping You Prepare for a Successful Retirement

Preparing for a successful retirement is one of the biggest financial responsibilities you'll face. All eligible new employees have a choice of primary (required) retirement benefits, with costs shared by you and UC. With this guide, we'll show you your options, explain how each one works, and highlight resources to help you choose the best option for your personal situation.

Your Benefits Decision Checklist

Check off the actions on the right to understand your UC retirement benefits and enroll as soon as you can. See page 11 to learn more about why it's important to enroll sooner rather than later.

Your retirement benefits are **prospective** — they don't start until you make an account and enroll through myUCretirement.com. If you don't choose a primary retirement option within 90 days, you will be permanently enrolled in Pension Choice — you cannot change your participation to Savings Choice later (see page 13).

In general, your 90-day enrollment window starts on the day you become eligible, usually the day you're hired. If you're uncertain about your eligibility date, please contact the UC Retirement Administration Service Center at 800-888-8267. Your enrollment window closes once you submit a choice.

LEARN ABOUT YOUR PRIMARY RETIREMENT BENEFIT OPTIONS

SEE HOW EACH OPTION WORKS

Pages 6–9

FIND DEFINITIONS AND DETAILS

ucal.us/guidetoretirementben

COMPARE THE OPTIONS

myUCretirement.com/choose

GET HELP WITH YOUR DECISION

ATTEND A WORKSHOP OR WEBINAR

myUCretirement.com/classes

MEET WITH A WORKPLACE FINANCIAL CONSULTANT

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Fidelity.com/schedule/UC

MAKE YOUR CHOICE

ENROLL ON MYUCRETIREMENT.COM

myUCretirement.com/choose

2.

Your Primary Retirement Benefit Options: Pension Choice or Savings Choice

When it comes to choosing your primary retirement benefits, you have two options — Pension Choice or Savings Choice. Both options help you build valuable retirement income in addition to Social Security benefits and any savings you may have. Here's an overview of who's eligible for these benefits, how each option works, and how long you have to make your choice. For complete details, please see your Summary Plan Description.

ELIGIBILITY

You are eligible for the choice of primary retirement benefits described in this guide if you:

- Are a prior active member of UCRP who was rehired on or after July 1, 2016 into an eligible faculty or staff appointment, after a qualified break in UC service (between one and two months);
- Were hired by UC before July 1, 2016 and became eligible for retirement choice benefits on or after that date; OR
- Were hired by UC on or after July 1, 2016 and are classified as a “Classic Member” under CalPERS eligible for reciprocity with UC. If so, you will need to self-identify with the UC Retirement Administration Service Center (800-888-8267) to ensure you are enrolled in the appropriate benefits.

Note: If you are eligible for retirement choice and you **do not** meet the conditions above, please refer to the *Retirement Benefits Decision Guide* for faculty and staff hired on or after July 1, 2016 (ucal.us/decisionguide).

If you have questions about your eligibility, please contact the UC Retirement Administration Service Center at 800-888-8267.

UNION-REPRESENTED EMPLOYEES

If you're represented by a union, your retirement benefits are governed by your union's contract with UC and may be different than the benefits outlined here. Please refer to your collective bargaining agreement (available at ucal.us/agreements) for details.

ABOUT RETIREMENT EARNINGS MAXIMUMS

The maximum amount of your compensation that counts toward your retirement benefits may be affected by a number of factors, including the IRS dollar maximum and UC guidelines about eligible pay.

Please note that the Plan year runs from July 1 to June 30.

IRS Pay Maximum

The IRS sets a dollar maximum for annual earnings for the Plan year upon which retirement benefits and contributions may be based. This maximum is reviewed and may be adjusted annually. For the 2023 Plan year, the maximum is \$330,000.

Eligible Pay

Retirement benefits are calculated based on “eligible pay,” which does not include certain types of compensation. For a list of types of compensation that are not considered “eligible pay” when calculating retirement benefits, see *A Complete Guide to Your UC Retirement Benefits* on UCnet (ucal.us/guidetoretirementben).

HOW YOUR OPTIONS COMPARE¹

PENSION CHOICE

How it Works

Pension Choice includes a monthly pension benefit under the University of California Retirement Plan (UCRP), for predictable lifetime retirement income based on your eligible pay, service credit and retirement age.

UC makes decisions about the investments of the UCRP and assumes the investment risk.

Shared Contributions³

You contribute 7% of your eligible pay, before taxes, up to the annual IRS pay maximum. Your 7% contribution will be automatically deducted from your paycheck. Your contributions always belong to you.

UC contributes a percentage of eligible pay to UCRP, as determined by the UC Regents, up to the IRS pay maximum.

Your Retirement Income and Benefits

When you vest in (become eligible for) benefits: Your contributions to your pension are always yours. You vest in your pension benefits once you have earned five years of UCRP service credit. You begin to earn service credit when you start making contributions.

Income: When you retire, you receive lifetime monthly income based on your highest average 36 months of eligible pay, your UCRP service credit, and your age. You can choose a “contingent annuitant” to receive monthly lifetime income upon your death.

Additional benefits: You may be eligible for retiree health benefits (see ucal.us/retireehealth) and continuing health benefits for your contingent annuitant (if eligible) after your death. If you become disabled before retirement, you may be eligible for some income and health benefits.

Choice Window

If you choose to participate in Pension Choice, it is best to enroll as soon as possible during your initial 90-day enrollment window. Employees who do not make a choice within the 90-day period will be enrolled prospectively in Pension Choice by default. The decision to participate in Pension Choice is irrevocable — you cannot change your participation to Savings Choice later.

SAVINGS CHOICE

How it Works

Savings Choice works much like a 401(k) plan. Your mandatory pretax contributions, contributions from UC (based on your eligible pay²) and any investment earnings accumulate in a tax-deferred retirement account.

You select how to invest the contributions made to your account from a menu of available funds and you assume the investment risk. UC provides tools and resources to help you understand how to plan and invest for retirement.

Shared Contributions³

You contribute 7% of your eligible pay, before taxes, up to the annual IRS pay maximum. Your 7% contribution will be automatically deducted from your paycheck.

UC contributes 8% of your eligible pay, up to the IRS pay maximum.

Your Retirement Income and Benefits

When you vest in (become eligible for) benefits: Your contributions to your account are always yours. UC's contributions will vest after one year.

Income: You draw money from your account; distributions are governed by plan rules. The balance will depend on the amount contributed by you and UC and your investments' performance, and can be left to your designated beneficiary.

Additional benefits: You may be eligible for retiree health benefits from UC (see ucal.us/retireehealth). Savings Choice does not include disability benefits or continuing health benefits for your survivor, but you can choose employee-paid disability and supplemental life insurance.

Choice Window

If you choose to participate in Savings Choice, enroll as soon as possible during your initial 90-day enrollment window. **If you choose Savings Choice, you will have a one-time opportunity, beginning on the fifth anniversary of the calendar year you make your election, to switch to Pension Choice prospectively.** See page 13 for details.

¹ See *A Complete Guide to Your UC Retirement Benefits* on UCnet for more information.

² Some types of compensation not considered "eligible pay" when calculating retirement benefits are:

- Pay that exceeds the full-time rate or established base pay rates for regular, normal positions;
- Pay that exceeds the base salary (X+X') under the Health Sciences Compensation Plan.
- Overtime pay (unless for compensatory time off);

For more about eligible pay, see *A Complete Guide to Your UC Retirement Benefits* on UCnet

³ Employer and employee contribution rates are set periodically by the UC Regents. Because UCRP is a defined benefit plan, a member receives a specified payment amount at retirement (based on UCRP service credit, retirement age and eligible annual pay, up to the applicable maximum), irrespective of the amount the individual or UC contributes. Provisions of the Retirement Choice Program are subject to collective bargaining for represented employees. Please refer to the appropriate collective bargaining agreement, as benefits and other provisions may vary.

A Complete Guide to Your UC Retirement Benefits

FOR FACULTY AND STAFF ELIGIBLE ON OR AFTER JULY 1, 2016

Listed below are telephone numbers and website and correspondence addresses for some of the resources UC employees routinely use.

UC EMPLOYEE WEBSITE

ucnet.universityofcalifornia.edu

UC RETIREMENT ADMINISTRATION SERVICE CENTER

800-888-8267

Hours: 8:30 a.m.–4:30 p.m., Monday–Friday

Written correspondence should be sent to:

UC Human Resources

P.O. Box 24570

Oakland, CA 94623 1570

UC RETIREMENT AT YOUR SERVICE (UCRAYS)

retirementatyourservice.ucop.edu

Sign in to your account to send a secure message.

**UC RETIREMENT CHOICE AND
RETIREMENT SAVINGS PROGRAM**

myUCretirement.com

866 682 7787 (Fidelity Retirement Services)

LOCAL BENEFITS OFFICES

UC Berkeley: 510 664 9000, option 3

UC Davis: 530 752-1774

UC Davis Health: 916 734 8099

UC Irvine: 949-824 0500

UC Irvine Health: 949-824 0500

UCLA: 310-794-0830

UCLA Health: 310-794-0500

UC Merced: 209 355 7178

UC Riverside: 951 827-4766

UC San Diego: 858 534 2816

UC San Diego Health: 619-543 3200

UCSF: 415 476-1400

UCSF Health: 415 353 4545

UC Santa Barbara: 805 893 2489

UC Santa Cruz: 831 459-2013

Agriculture & Natural Resources: 530 752-1774

ASUCLA: 310 825-7055

UC College of the Law, San Francisco (formerly Hastings):
415-565 4703

UC Office of the President: 855-982 7284

Lawrence Berkeley National Lab: 510 486 6403



The University of California’s comprehensive benefits are among the ways UC recognizes its employees for their contributions, and are an important part of your compensation.

It’s important to understand the pivotal role you have in shaping your financial future. To make the most of your retirement and savings benefits, you should read this booklet carefully and keep it with your important papers for later reference. It contains summaries with comprehensive information about the primary retirement benefit options and voluntary retirement savings plans that make up the University of California Retirement System (UCRS) as well as information about health and welfare benefits currently available to eligible UC retirees.

The chart below illustrates the basic structure of UCRS. The summaries in this booklet 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 Administrator has the authority to interpret disputed provisions.

UNIVERSITY OF CALIFORNIA RETIREMENT SYSTEM (UCRS)

University of California Retirement Plan (UCRP): a defined benefit plan	Defined Contribution Plan (the DC Plan): a defined contribution plan	Tax-Deferred 403(b) Plan (the 403(b) Plan): a defined contribution plan	457(b) Deferred Compensation Plan (the 457(b) Plan): a deferred compensation plan
A pension plan for Pension Choice participants and existing and newly eligible UCRP members	A retirement savings and investment plan for Savings Choice participants, and for Pension Choice participants eligible for the defined contribution supplemental benefit Also includes voluntary after-tax contributions and rollovers, employer contributions for eligible employees and mandatory pretax employee contributions for Safe Harbor employees	A retirement savings and investment plan for voluntary employee pretax contributions and rollovers, and employer contributions for eligible employees Effective Nov. 1, 2016, also includes employer and mandatory employee pretax contributions for eligible summer academic appointees	A retirement savings and investment plan for voluntary employee pretax contributions and rollovers, and employer contributions for eligible employees
Primary Retirement Benefit Options 2		Tax-Deferred 403(b) Plan 45	
University of California Retirement Plan (Pension Choice) 3		457(b) Deferred Compensation Plan 61	
Defined Contribution Plan (including Savings Choice and supplemental Pension Choice accounts) 29		Health and Welfare Benefits for Retirees 73	

Primary Retirement Benefit Options

Your UC retirement benefits depend on a number of factors, including whether you're represented by a union, when you were hired and whether you've been employed by UC in the past.

If you're represented by a union, your retirement benefits are governed by your union's contract with UC and may be different than the benefits outlined here. For example, some bargaining units currently participate in the UC Retirement Choice Program and some do not. Please refer to your collective bargaining agreement (available at ucal.us/agreements) for details.

UC RETIREMENT CHOICE PROGRAM

For most eligible UC employees hired, rehired or newly eligible for benefits on or after July 1, 2016, UC offers two different primary retirement benefit options: Pension Choice or Savings Choice.

Please note that some rehired employees will not be eligible for this choice, including those who:

- Became members of UCRP prior to July 1, 1994,
- Were rehired without a tier break in service (see definition on page 22), or
- Elected Pension Choice or Savings Choice, or were defaulted into Pension Choice, during a prior period of UC employment.

PENSION CHOICE

This option includes a pension benefit under the UC Retirement Plan (UCRP), providing a predictable level of lifetime retirement income. Some faculty and staff may also be entitled to receive a supplemental benefit in a defined contribution account.

Enrollment in Pension Choice is irrevocable.

See the UCRP summary on page 3 for details about Pension Choice, including eligibility, vesting, contributions from you and UC, retirement income, disability benefits, benefits for eligible survivors and more.

If you are eligible for the defined contribution supplemental benefit under Pension Choice, see the Defined Contribution Plan summary on page 29 for details, including UC's and your contributions, distributions and more.

SAVINGS CHOICE

This option is a defined contribution plan, with mandatory pretax contributions from you and contributions from UC. These contributions and any investment earnings accumulate in a tax-deferred retirement account. You select how to invest contributions to your account from a menu of available funds and you assume the investment risk.

Savings Choice participants have a window of opportunity to switch prospectively from Savings Choice to Pension Choice,

and become members of the UC Retirement Plan (UCRP). The second choice window for Savings Choice participants opens on Jan. 1 of the fifth anniversary of the calendar year in which they made their initial election. See page 7 for details about this opportunity.

See the Defined Contribution Plan summary on page 29 for details about Savings Choice, including UC's and your contributions, distributions, vesting, the timing and rules for switching from Savings Choice to Pension Choice, and more.

MAKING YOUR CHOICE

Enroll in Pension Choice or Savings Choice as soon as you've decided on the option that is best for you. Your benefits are **prospective** from the date you enroll, so you can lose the opportunity to accumulate retirement benefits (including UC contributions and service credit) by waiting.

Employees have up to 90 days from their retirement option eligibility date (generally your hire date) to enroll. Your enrollment window closes once you submit a choice. If you do not affirmatively choose an option, you automatically will be enrolled in Pension Choice at the end of the 90-day selection period.

RESOURCES

Retirement Benefits Decision Guide

Online: ucal.us/retirement

Retirement Decision Tool

Online: myUCretirement.com/choose

Personal Retirement Counseling

Online: fidelity.com/schedule/UC

Phone: 800-558-9182

Classes and webinars

Online: myUCretirement.com/classes

The Sooner the Better: Take advantage of the resources above to help you make this important decision as soon as possible. **Here's why it pays to enroll well before your deadline:**

- If you wait 90 days to enroll or default into Pension Choice, you lose up to three months of UC Retirement Plan service credit — delaying vesting and decreasing your benefits.
- If you wait until the deadline to enroll in Savings Choice, you lose up to three months of service credit toward retiree health benefits and you lose up to three months of UC and personal pretax contributions — reducing your retirement savings contributions for the year.

So make your choice and start building your retirement benefits as soon as you can.

University of California Retirement Plan (Pension Choice) Plan Summary

For eligible faculty and staff:

- Hired on or after July 1, 2016, or
- Rehired on or after July 1, 2016, after a break in service, or
- Who became newly eligible for benefits on or after July 1, 2016

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Introduction

The University of California Retirement Plan (UCRP or the Plan) provides retirement benefits for eligible employees (and their eligible survivors and beneficiaries) of the University of California and its affiliate, UC College of the Law, San Francisco (formerly Hastings). UCRP also provides disability income and death benefits.

UCRP is a tax-qualified governmental defined benefit plan. Eligible employees who are enrolled in Pension Choice as their primary retirement benefit option become members of UCRP. Benefits are determined by formulas that vary according to the types of benefits payable (for example, retirement, disability or survivor benefits). The formulas take into account a member's salary, age, years of service credit and member class. The Plan is funded by employer and employee contributions.

The provisions described here are for eligible UC employees who are

- Hired on or after July 1, 2016,
- Rehired on or after July 1, 2016, after a break in service, or
- Newly eligible for benefits on or after July 1, 2016.

Are you in a domestic partnership?

See page 23, or check out “Establishing a domestic partnership” on UCnet (ucal.us/domesticpartnership), to determine whether you've established your partner's eligibility for UCRP survivor and death benefits.

UCRP Membership

UCRP includes four member classes:

- Members covered by Social Security
- Members not covered by Social Security, other than Safety members
- Members with Tier Two benefits and
- Safety members

Active members in each of the first two member classes accrue benefits in one of four tiers — the 1976 Tier, the 2013 Tier, the Modified 2013 Tier and/or the 2016 Tier. Members who first become eligible to participate in UCRP on or after July 1, 2016, will accrue benefits in the 2016 Tier, unless they are represented by a bargaining unit that does not participate in the UC Retirement Choice Program. Members who began accruing UCRP benefits before July 1, 2016, will continue accruing UCRP benefits under their current tier until they have a break in service. If a member returns to eligible UC employment on or after July 1, 2016, following a tier break in service (see definition on page 22) and again becomes a UCRP member, the member will accrue additional service under the 2016 Tier.

This plan summary pertains primarily to members of the UCRP 2016 Tier.

As benefits and other provisions vary by member tier and member class, UCRP members who accrue benefits in another tier should refer to the following publications: *UCRP 1976 Tier Summary Plan Description* and *UCRP Summary Plan Description for 2013 Tier Members*. Safety Members should refer to the *Summary Plan Description for Safety Members*. These publications are available at ucnet.universityofcalifornia.edu.

COLLECTIVE BARGAINING

The provisions of the Plan are subject to collective bargaining for represented employees. Terms and conditions of employment for exclusively represented employees are spelled out in the detailed contracts that the university and the unions have negotiated. If you are in a bargaining unit, you can find the contract that applies to you at ucal.us/agreements, or directly from the union.

SOCIAL SECURITY

Most UCRP members pay Social Security taxes.¹ The Social Security tax rate is currently 7.65 percent. Of this, the member pays 6.2 percent on earnings up to the Social Security wage base (\$160,000 in 2023) for Old Age, Survivors and Disability Insurance (OASDI) and 1.45 percent on all earnings for Medicare hospital insurance (Part A). These taxes are deducted from the member's gross wages each pay period.

Contact the Social Security Administration for more information about Social Security eligibility and benefits, including an estimate of future retirement benefits (see inside front cover).

ELIGIBILITY AND MEMBERSHIP

You are eligible for Pension Choice (which includes UCRP membership) if you:

- Are hired on or after July 1, 2016, into an eligible faculty or career staff appointment (at least 50 percent time on a fixed or variable basis for one year or longer)
- Are rehired on or after July 1, 2016, into an eligible faculty or career staff appointment after a tier break in UC service, but were not a previous UCRP member prior to July 1, 1994 (see definition of tier break in UC service on page 22)
- Are hired in an ineligible position and become eligible for benefits on or after July 1, 2016, either by completing an hours requirement or by obtaining an eligible faculty or career staff appointment
- Employees who are hired on or after July 1, 2016, in Safe Harbor positions may become eligible for a choice of primary retirement benefits after working 750 hours or 1,000 hours in a rolling, continuous 12-month period, depending upon job classification. (Employees in a Non-Senate Instructional Unit qualify for a choice of primary retirement options after working 750 hours in an eligible position.) Eligibility is effective no later than the first of the month following the month in which the employee reaches 1,000 hours (or 750 hours, if applicable).

EXCEPTIONS:

A University employee is not eligible for UCRP membership if the employee:

- Is at the University primarily to obtain education or training
- Receives pay under a special compensation plan but receives no covered compensation (see "Plan Definitions" on page 22)
- Is in a per diem, floater or casual restricted appointment
- Is appointed as a Regents' Professor or Regents' Lecturer
- Is an employee hired as a visiting appointee

¹ Former members who opted out of Social Security coverage in 1976 and return to UC employment do not pay Social Security taxes on their UC wages. Employees in Safety classifications also do not pay Social Security taxes.

Employees who elect or default into Pension Choice become members of UCRP and begin to earn UCRP service credit when contributions begin — usually within one to two pay periods after election or default enrollment into Pension Choice.

Employees who elect to switch to Pension Choice in their second choice window become members of UCRP and begin to earn UCRP service credit at the beginning of the plan year (July 1) following their election, subject to payroll processing deadlines. See “Second Choice Window for UCRP Membership” below for more information about this option.

Once you become a UCRP member, active membership continues until you have a break in service (see “Plan Definitions” on page 22). Membership is not affected by a reduction in appointment percentage without a break in service. A reduction in an appointment percentage, however, will result in a reduction in the amount of service credit you accrue. Benefits based on future service may change if you transfer to a position eligible for Safety benefits or become covered by a collective bargaining agreement that includes a variation on the benefit formula.

SECOND CHOICE WINDOW FOR UCRP MEMBERSHIP

Active Savings Choice participants may be offered a one-time opportunity to become members of UCRP by switching from Savings Choice to Pension Choice. This is referred to as the “second choice window.”

The window is available for active Savings Choice participants on Jan. 1 of the fifth calendar year anniversary of their Savings Choice election. For those who elect to switch, UCRP membership begins on July 1 of the plan year following the election, subject to payroll processing deadlines.

For example, if an employee elects Savings Choice during the 2023 calendar year, the second choice window opens on Jan. 1, 2028. An employee who:

- Submits an election to switch by May 31, 2028, will become a member of UCRP effective July 1, 2028.
- Submits an election to switch from June 1, 2028, through May 31, 2029, will become a member of UCRP effective July 1, 2029.

VESTING

To vest means to acquire certain rights. Once vested, you generally have a non-forfeitable right to receive UCRP retirement benefits upon leaving the University and reaching retirement age. You must earn five or more years of service credit to be vested.

You become vested in UCRP benefits whether you earn all service credit as a member in one UCRP member class or tier or in multiple UCRP member classes and tiers.

For employees who switch to Pension Choice in their second choice window (as described above), service credit earned during years of participation in Savings Choice will be counted toward vesting in UCRP and toward vesting in the Pension Choice supplemental account (if applicable), as of the effective date of the switch to Pension Choice. Service credit earned during years of participation in Savings Choice will not be included in the calculation of the pension benefit.

INACTIVE MEMBERSHIP

You become an inactive member upon leaving University employment and retain the right to future retirement benefits as long as you leave your accumulations (employee contributions plus interest) in the Plan, provided you satisfy one of the following criteria:

- Have at least five years of service credit
- Are eligible for reciprocity (see “Reciprocity” below)
- Were medically separated from University employment and are eligible to apply for UCRP disability income (see “Disability Income” on page 16)
- Are a faculty member of a University medical school who has been appointed by the Veterans Administration to a University-affiliated hospital, and, as a result, receive no further covered compensation, or
- Became a Plan member July 1, 1989, or earlier, and reached age 62 while still an eligible employee

After leaving the University, an inactive member may, at any time before (and in lieu of) retiring, request a refund of accumulations. If you elect a refund of accumulations, you waive the right to any future Plan benefits (see “Refund of Accumulations” on page 11).

If you leave before earning five years of service credit, you may also request a distribution of your accumulations at any time. Upon distribution of your accumulations, you will forfeit any service credit you have accrued unless you later return to UC employment and reestablish it.

RECIPROCITY

UCRP and the California Public Employees’ Retirement System (CalPERS) have reciprocity provisions to ensure continuity of benefits for members who change employers and transfer between the two retirement systems under certain circumstances. If you qualify for UCRP/CalPERS reciprocity, service credit accrued under both systems can be used to determine whether you are vested in benefits under both retirement systems. Also, covered compensation earned under both systems can be used to determine your highest average plan

UCRP Membership

compensation under both systems. If you retire for disability under CalPERS, you will be subject to the limitation on the maximum total benefits that can be provided under both systems. The reciprocal provisions do not apply to eligibility for retiree health benefits.

To establish reciprocity for continuity of benefits between the two retirement systems, you must:

- Be employed under the other retirement system within 180 days of leaving employment under the former system
- Leave your accumulations (if any) in the former system and
- Elect reciprocity by completing the proper forms (see below)

When you elect UCRP/CalPERS reciprocity, funds are not transferred from one retirement system to the other. You become a member of both systems. You are subject to membership and benefit obligations and rights of each system. You must retire under both systems on the same date for the benefits of reciprocity to apply. Please note that UCRP/CalPERS reciprocity does not apply to Savings Choice participation.

A provision for concurrent retirement is also available for UCRP members who are also members of the California State Teachers' Retirement Defined Benefit Program (CalSTRS). You are eligible for concurrent retirement if you:

- Become an active UCRP member on or after July 1, 2002
- Are a member of CalSTRS and
- Elect UCRP retirement income after July 1, 2002
- Have satisfied the applicable age and service requirements for early retirement

Members eligible for concurrent retirement receive benefits similar to those for reciprocity. CalSTRS has similar concurrent retirement provisions that apply to UCRP members; for more information about CalSTRS concurrent retirement, contact CalSTRS directly. Please note that UCRP/CalSTRS concurrent retirement does not apply to Savings Choice participation.

To establish reciprocity at UC, you must complete form UBEN 157 (*Election of Reciprocity*) and send it to UC Human Resources. The form is part of the *UCRP/CalPERS Reciprocity Fact Sheet*, available at ucal.us/reciprocity. To find out how to establish reciprocity at CalPERS, call CalPERS directly (see inside front cover). As long as you remain eligible under the guidelines listed above, you may establish UCRP/CalPERS reciprocity at any time prior to retiring. Since UCRP and CalPERS provide separate benefits, you'll need to elect benefits from each plan separately. That means that you will have to submit two separate applications, one at UCRP and one at CalPERS. Filing an application at one does not ensure concurrent retirement at both.

Pensionable Earnings Maximums

The maximum amount of your compensation that counts toward your retirement benefits may be affected by a number of factors, including the 2013 California Public Employees' Pension Reform Act (PEPRA) maximum, the IRC dollar maximum and UC guidelines about covered compensation.

PEPRA MAXIMUM

With some exceptions (described below), if you are a new hire in the 2016 Tier the maximum covered compensation (or eligible pay) that counts toward your pension benefits is consistent with the maximum on pensionable earnings under PEPRA. This maximum also applies to many other California public pension plans and is reviewed annually and may be adjusted. For the Plan year beginning in 2023, the maximum is \$146,042 (\$175,250 for members not paying into Social Security). The PEPRA maximum applies to most people who are hired into an eligible faculty or career staff appointment on or after July 1, 2016 (see below for exceptions for some rehired, newly eligible and former CalPERS-covered employees).

REHIRED, NEWLY ELIGIBLE AND FORMER CALPERS-COVERED EMPLOYEES

You are not subject to the PEPRA maximum if you:

- Were a UCRP member before July 1, 2016, or
- Were a Safe Harbor employee before July 1, 2016, or
- Were a "Classic Member" under CalPERS and are eligible for UCRP/CalPERS reciprocity (see "Reciprocity" on page 7). For the purpose of exemption from the PEPRA maximum, you will need to submit the UBEN 300 *Self-Certification Form* to the UC Retirement Administration Service Center within 90 days of your Pension Choice election to confirm your eligibility.

See page 17 for information about the IRC dollar limit for annual earnings upon which total retirement benefits and contributions may be based. The earnings limit beginning July 1, 2023, is \$330,000 for employees who became members as of July 1, 1994, or later.

See page 22 for information about what is and is not considered "covered compensation" (or "eligible pay") when calculating retirement benefits.

Contributions

FUNDING THE PLAN

UCRP benefits are funded by contributions from both the University and active members and by the investment earnings on UCRP assets. These contributions and earnings are placed in a trust fund and constitute a single pool of assets. Annual actuarial valuations determine the Plan's liabilities (that is, projected benefits to be paid) and the funding status.

The UC Board of Regents may periodically adjust University and member contribution rates to maintain adequate funding levels.

UNIVERSITY CONTRIBUTIONS

University contributions are used to pay UCRP benefits for all members, and are not allocated to individual member accounts.

If the PEPRA maximum applies, UC also contributes to the Defined Contribution Plan to fund the supplemental benefit for designated faculty (see definition on page 22), and for eligible staff and other academic appointees who earn above the PEPRA maximum. See the *Defined Contribution Plan: Plan Summary* on page 29 for details on the supplemental benefit available to employees who elected, or defaulted into, Pension Choice.

MEMBER CONTRIBUTIONS

Member contributions for union-represented employees are subject to collective bargaining.

Members who are subject to the PEPRA maximum make mandatory pretax contributions to UCRP equal to 7 percent of covered compensation, up to the PEPRA maximum, and mandatory pretax contributions to the Defined Contribution Plan supplemental account equal to 7 percent of their income above the PEPRA maximum, up to the IRC maximum.

Members who are not subject to the PEPRA maximum make mandatory pretax contributions to UCRP equal to 7 percent of covered compensation, up to the IRC maximum.

Member contributions are deducted automatically from your gross wages each pay period and credited to your individual member account. Wages on which contributions are assessed are called covered compensation. Your contributions to the Plan are deducted on a pretax basis and, therefore, reduce your taxable income.

The Plan Administrator maintains a record of each member's UCRP contributions and credits the amount with interest at a stated rate (currently 6 percent per year). Upon leaving University employment, you may receive a distribution of your UCRP accumulations (your employee contributions and accumulated interest) or leave them in UCRP (University contributions must remain in UCRP). See "Refund of Accumulations" on page 11.

Service Credit

Service credit is the measure of time you have participated in UCRP. Service credit is used to determine eligibility for UCRP benefits and to calculate benefits such as monthly retirement.

Service credit is earned whenever you receive covered compensation for an eligible appointment once you have become a UCRP member. The maximum that you can earn for a year of full-time work is one year of service credit. Part-time or variable-time work results in a proportionate amount of service credit. For example, if you work 50 percent time for one year, you receive one-half year of service credit.

SICK LEAVE

If you retire within four months after leaving the University, any unused sick leave is converted to service credit. Eight hours of unused sick leave converts to approximately one day of service credit. Sick leave can only be converted to additional service credit **after** you have reached the five years of service required to vest in UCRP. Sick leave converted to service credit cannot be used toward vesting in UCRP.

Because service credit is a factor in the benefit formula, this additional service credit may increase your monthly retirement income, and it may be used to reach the ten years of service credit needed to be eligible for annuitant health and welfare.

DISABILITY STATUS

If you become disabled and receive UCRP disability income, you may continue to earn service credit at the same rate earned during the 12 months of continuous service just before your disability date. See page 15 to learn about eligibility for UCRP disability income.

You continue to earn service credit until or unless increased service credit would cause your retirement benefit, if you were to retire, to exceed your disability benefit.

PARTIAL-YEAR CAREER APPOINTMENTS

If you work full time during a 9-, 10-, or 11-month partial-year appointment, you earn one year of service credit for each Plan year. If you work part time during a partial-year appointment, you earn proportionate service credit. For example, if you work 50 percent time during a partial-year appointment, you earn one-half year of service credit. You begin to earn service credit once you have become a UCRP member. See page 24 for an explanation of the potential effect of a partial-year career appointment on your highest average plan compensation (HAPC).

Service Credit

MILITARY LEAVE

If you return to University service in accordance with your reemployment rights following a military leave, you receive service credit for the time spent in uniformed service and for a period following uniformed service, provided you return to work when the leave ends and satisfy other applicable requirements.

You earn service credit for military leave at the same rate earned during the 12 months of continuous service just before the leave. For example, if you earned three-fourths of a year of service credit in the 12 months just before military leave, you will earn three-fourths of a year of service credit for a year of military leave.

The Retirement Administration Service Center or your local Benefits Offices can provide more information about establishing service credit for military leaves.

LEAVE WITHOUT PAY

You do not earn service credit during a leave without pay, but you may be able to establish service credit through a service credit purchase (see the *UCRP Service Credit Purchase Guide*, available online at ucal.us/purchase).

SABBATICAL OR PAID LEAVE

During a sabbatical or paid leave, you earn service credit in proportion to the percentage of full-time pay (i.e., covered compensation) you receive. For example, if you are on sabbatical leave at two-thirds pay for one year, you receive two-thirds of a year of service credit, but you may be able to establish service credit for the unpaid portion of your leave through a service credit purchase (see the *UCRP Service Credit Purchase Guide*, available online at ucal.us/purchase).

EXTENDED SICK LEAVE

You earn up to 80 percent of service credit for periods of extended sick leave during which you receive Workers' Compensation, but you may be able to purchase service credit for any remaining percentage (see the *UCRP Service Credit Purchase Guide*, available online at ucal.us/purchase).

PAST SERVICE

If you have previous Plan membership, you retain service credit for the earlier period if you leave your accumulations (your employee contributions and accumulated interest) in the Plan upon leaving the University. If you previously received a refund of accumulations for the earlier period, you may purchase service credit for the earlier period, subject to the rules described in the *UCRP Service Credit Purchase Guide*, available online at ucal.us/purchase. If you previously retired and received a lump sum cashout, you may not purchase service credit for any period before the cashout date.

You may not purchase service credit for time worked during your primary retirement option selection window, prior to the effective date of your enrollment in Pension Choice (UCRP), or for time spent in Savings Choice (for those who elect to switch to UCRP in their second choice window).

Service Credit Purchase

A “service credit purchase” (formerly known as a “buyback”) is a payment to establish service credit for an approved leave or to reestablish service credit for a previous period of active UCRP membership. A service credit purchase is available only to active UCRP members.

A SERVICE CREDIT PURCHASE IS AVAILABLE FOR:

- Approved leaves, including:
 - Leaves without pay
 - Partially paid sabbatical leaves
 - Extended sick leaves
 - Temporary layoffs or furloughs (except during a partial-year career appointment)
- Previous periods of active UCRP membership for which a refund of accumulations was received (see “Refund of Accumulations” on page 11).

A SERVICE CREDIT PURCHASE IS NOT AVAILABLE FOR:

- Time worked during the primary retirement option election period, prior to the effective date of Pension Choice enrollment/UCRP membership
- Time worked while a Savings Choice participant
- Any break-in-service period
- Any period of ineligible service, such as temporary employment or indefinite layoff
- Any furlough during a partial-year career appointment
- A reduction in appointment
- Any period of CalPERS membership
- Any period of service that preceded a lump sum cashout
- Any period of less than four weeks, unless necessary for vesting purposes
- Any period of military leave July 1, 1966, or later (the member receives full service credit without making contributions)
- Service credit awarded to an alternate payee in a divorce

You can find complete service credit purchase information and instructions in the *UCRP Service Credit Purchase Guide*, available online at ucal.us/purchase.

Refund of Accumulations

Upon leaving University employment, you may receive a distribution of your UCRP accumulations or leave them in UCRP (University contributions must remain in UCRP).

A refund of accumulations cancels your right to any future UCRP benefits, or retiree health eligibility, based on any period of service prior to the refund unless you return to University employment as an active UCRP Member and reestablish the service credit (see the *UCRP Service Credit Purchase Guide*, available online at ucal.us/purchase).

A refund of any remaining accumulations after your death is considered a death benefit (see “Death Benefits” on page 14).

Retirement Benefits

You can elect to retire and receive benefits at any time after you become eligible — that is, when you reach age 55 and leave University employment with at least five years of service credit.²

If You Leave UC and Don't Retire

In most cases, vested members who leave University employment and do not, or are not eligible to, retire at the time they separate should not delay electing retirement benefits past age 65. At age 65, an inactive member will have attained the maximum UCRP benefit payable under the Plan. No retroactive benefits are paid to members who do not elect retirement benefits at age 65. If you also have service in the 1976 Tier, the maximum benefit payable is available sooner, at age 60.

BASIC RETIREMENT INCOME

Basic retirement income is your normal monthly lifetime benefit. This basic amount is adjusted if you want to provide monthly survivor income for a spouse, domestic partner or another person upon your death (see “Alternate Monthly Payment Options” at right). Also, your benefit must be adjusted if the monthly benefit exceeds maximum benefit levels. See “Plan Maximum Benefit” on page 14 and “Internal Revenue Code Provisions” on page 17 for more information.

Basic retirement income is a percentage of your average salary, or HAPC (highest average plan compensation; see definition on page 24), up to the PEPRA or IRC maximum. The percentage is based on your service credit and age at retirement.

ELECTING RETIREMENT INCOME

To elect retirement income, first read the *Retirement Handbook*, available online at ucal.us/retirementhandbook or from your local Benefits Office or the UC Retirement Administration Service Center.

Your retirement date cannot be earlier than the first of the month in which you submit your request to retire.

HOW RETIREMENT INCOME IS CALCULATED

The calculation of basic retirement income is a two-step process:

1. Calculate the benefit percentage (not to exceed 100%):

Service credit × age factor

The age factor is based on your age in complete years and months on the date of your retirement as shown in the chart on page 13.

Example:

A member retires at age 65 (age factor .0250), with 20 years of service credit.

$$20 \text{ years} \times .0250 = 50.0\% \text{ (benefit percentage)}$$

2. Multiply the benefit percentage by your highest average plan compensation or HAPC

HAPC is the member's average monthly salary (full-time equivalent compensation — 100 percent of covered compensation that would be paid for a normal, regular full-time position) calculated over the highest 36 continuous months preceding retirement, up to the PEPRA maximum or the IRC maximum, whichever is applicable. This 36-month period is usually, although not necessarily, the period just before employment ends. Also see the definition on page 24.

Example:

Your benefit percentage is 50.0%. The HAPC is \$5,000.

$$50.0\% \text{ of } \$5,000 = \$2,500$$

Your basic retirement income is \$2,500 per month.

If you had a partial-year career appointment, contact the UC Retirement Administration Service Center (800-888-8267) for information about your basic retirement income.

ALTERNATE MONTHLY PAYMENT OPTIONS

If you want to provide a monthly lifetime benefit upon your death for another person — called a contingent annuitant — several options are available. The contingent annuitant is a person you choose at the time of retirement, and you may choose only one. If your contingent annuitant is an eligible survivor (see page 24 for a definition), that person may also be eligible to continue UC retiree health benefits after your death.

The selection of the option and contingent annuitant becomes irrevocable on the retirement date on the election form (or 15 days after the date of the letter confirming that your election has been received, if later). Also, there are legal and financial considerations

² Employees who became UCRP members on or before July 1, 1989, are vested regardless of service credit if they leave University employment in an eligible position after reaching age 62.

when designating a contingent annuitant (see “Designation of Contingent Annuitant” on page 20).

To provide this benefit, you receive a reduced retirement benefit for life. The amount of the reduction varies according to the option you choose as well as the average life expectancy of you and the contingent annuitant. If the person you name as contingent annuitant dies before you, you cannot name another contingent annuitant and your benefit will not be adjusted.

If you are married or have a registered domestic partner and designate someone other than your legal spouse or partner as a beneficiary or contingent annuitant, you need to consider the spouse’s/partner’s community property rights. See “Community Property” on page 20 for more information.

Please note that an Internal Revenue Code regulation may place a limitation on the extent your monthly benefits can be reduced to provide for a non-spouse contingent annuitant who is more than 10 years younger than you. As a result, some or all of the alternate payment options may not be available for you to elect if the contingent annuitant is more than ten years younger than you. (See “Minimum Distribution Incidental Benefit” on page 17 for more information.)

Alternate monthly payment options are:

OPTION A

Full Continuance to Contingent Annuitant

You receive a reduced monthly benefit for life. When you die, the contingent annuitant receives a lifetime monthly benefit equal to your monthly benefit.

Example³

Basic retirement income is \$2,500. The reduction factor is applied:

$0.902577 \times \$2,500 = \$2,256$ monthly retirement benefit

You receive \$2,256 each month for life. Thereafter, the contingent annuitant receives \$2,256 each month for life.

³ The example assumes that both you and your contingent annuitant are age 65. If your ages are different, the dollar amounts will vary somewhat because different reduction factors will be used. Amounts are rounded down to the nearest dollar.

RETIREMENT AGE FACTORS

Age	Complete Months from Last Birthday to Retirement Date												
	0	1	2	3	4	5	6	7	8	9	10	11	
55	50*	.0110	.0111	.0112	.0114	.0115	.0116	.0117	.0118	.0119	.0121	.0122	.0123
56	51*	.0124	.0125	.0126	.0128	.0129	.0130	.0131	.0132	.0133	.0135	.0136	.0137
57	52*	.0138	.0139	.0140	.0142	.0143	.0144	.0145	.0146	.0147	.0149	.0150	.0151
58	53*	.0152	.0153	.0154	.0156	.0157	.0158	.0159	.0160	.0161	.0163	.0164	.0165
59	54*	.0166	.0167	.0168	.0170	.0171	.0172	.0173	.0174	.0175	.0177	.0178	.0179
60	55*	.0180	.0181	.0182	.0184	.0185	.0186	.0187	.0188	.0189	.0191	.0192	.0193
61	56*	.0194	.0195	.0196	.0198	.0199	.0200	.0201	.0202	.0203	.0205	.0206	.0207
62	57*	.0208	.0209	.0210	.0212	.0213	.0214	.0215	.0216	.0217	.0219	.0220	.0221
63	58*	.0222	.0223	.0224	.0226	.0227	.0228	.0229	.0230	.0231	.0233	.0234	.0235
64	59*	.0236	.0237	.0238	.0240	.0241	.0242	.0243	.0244	.0245	.0247	.0248	.0249
65+	60+*	.0250											

Example: For a member born on March 8, 1963, and retired on July 1, 2023, the age factor is .0184 (60 years plus three months).

* Applies only to certain eligible employees in AFSCME, CNA and UPTE bargaining units.

Retirement Benefits

OPTION B

Two-Thirds Continuance to Contingent Annuitant

You receive a reduced monthly benefit for life. When you die, the contingent annuitant receives a lifetime monthly benefit equal to two-thirds of your monthly benefit.

Example⁴

Basic retirement income is \$2,500. The reduction factor, in this case 0.932871, is applied:

$$0.932871 \times \$2,500 = \$2,332 \text{ monthly retirement benefit}$$

You receive \$2,332 each month for life. Thereafter, your contingent annuitant receives \$1,555 each month for life.

OPTION C

One-Half Continuance to Contingent Annuitant

You receive a reduced monthly benefit for life. When you die, the contingent annuitant receives a lifetime monthly benefit equal to one-half of your monthly benefit.

Example⁴

Basic retirement income is \$2,500. The reduction factor, in this case 0.948794, is applied:

$$0.948794 \times \$2,500 = \$2,372 \text{ monthly retirement benefit}$$

You receive \$2,372 each month for life. Thereafter, your contingent annuitant receives \$1,186 each month for life.

PLAN MAXIMUM BENEFIT

The maximum UCRP basic retirement income is 100 percent of your HAPC or the maximum annual benefit that can be paid under the Internal Revenue Code (IRC), whichever is less. This limit applies to your retirement income based on all University employment. The limit to 100 percent of your HAPC affects only a few UCRP members, most of whom have 40 years or more of service credit. For those affected, this limit applies for as long as the benefit is paid.

If part of your UCRP benefit has been awarded to an alternate payee (see page 20), the maximum benefits will be determined by taking into account any benefit payable to the alternate payee.

See also “Internal Revenue Code Provisions — Maximum Contribution and Benefit Limitations” on page 17.

⁴ The example assumes that both you and your contingent annuitant are age 65. If your ages are different, the dollar amounts will vary somewhat because different reduction factors will be used. Amounts are rounded down to the nearest dollar.

Death Benefits

PAYMENTS TO BENEFICIARIES

When you die, UCRP pays a basic death payment of \$7,500 to your beneficiary, in addition to any monthly UCRP income that may be payable to the contingent annuitant.⁵

After your death and, if applicable, the death of your contingent annuitant, any remaining accumulations are paid to your beneficiary.

UCRP death benefits are not the same as University life insurance benefits or departmental death benefits. For information about these benefits, see the appropriate version of *Your Guide to Survivor and Beneficiary Benefits*, available online at ucal.us/survivorhandbook or from the UC Retirement Administration Service Center.

PRERETIREMENT SURVIVOR INCOME

If you die while employed or while receiving UCRP disability benefits and you have at least two years of service credit, monthly income is paid to your eligible survivors — that is, eligible spouse or domestic partner, or if none, eligible child(ren), or if none, eligible dependent parent(s) (see the definitions on pages 23–24). The amount paid to the eligible survivor(s) is 15 percent of your final salary.

If you die while an inactive member, monthly income is paid to your surviving spouse or surviving domestic partner only if you are eligible to retire at the time of death. If you die while an inactive member who is not eligible to retire, beneficiaries will receive a refund of your UCRP contributions and the interest earned.

DEATH WHILE ELIGIBLE TO RETIRE

If you die while eligible to retire (that is, age 55 with at least five years of service credit) but have not yet elected to retire, a lifetime retirement benefit may be payable to your surviving spouse or domestic partner. The benefit is calculated as though you had elected to retire on the day after the date of death and had chosen Option A (full continuance) with your spouse or domestic partner named as contingent annuitant. The benefit is payable beginning the day after your death.

If you die after electing retirement income, the benefit payable to a survivor will depend upon the monthly retirement benefit option you choose at the time you retire. If you choose basic retirement income, your survivor will receive no monthly income. See “Alternate Monthly Payment Options” on page 13 for information on benefits payable to your contingent annuitant.

⁵ Beneficiaries of active members who became Plan members before Oct. 1, 1990, receive \$1,500 plus one month’s final salary, if this amount is greater than \$7,500.

Cost-of-Living Adjustments

After receiving monthly benefits for one year, UCRP members are eligible to receive an annual cost-of-living adjustment (COLA), starting on the following July 1. The COLA is based on the Consumer Price Index (CPI) increase for the preceding year. Generally, the COLA for any Plan year equals:

- 100 percent of the CPI increase up to 2 percent
- 75 percent of the CPI increase over 2 percent
- A maximum of 6 percent

If the CPI decreases, UCRP benefits are not reduced.

The CPI used to determine the annual COLA is an average of the CPIs for the Los Angeles and San Francisco metropolitan areas and is measured from February to February.

Disability Benefits

The UC Retirement Plan provides disability income benefits if you are an active member with five or more years of service credit⁶ and submit a timely application (see “Applying for Disability Benefits” on page 16). For Pension Choice members who switched from Savings Choice, service credit earned while a participant of Savings Choice counts toward eligibility for disability income, but it does not count toward the calculation of disability income (see page 16). The UCRP disability benefits coordinate with UC’s short-term and supplemental disability plans. See *A Complete Guide to Your UC Health and Welfare Benefits* for more information.

If you are eligible to retire, applications for disability and retirement should be made simultaneously so retirement benefits will continue in the event disability benefits are not approved.

GENERAL REQUIREMENTS

The Plan Administrator determines your eligibility to receive UCRP disability income based on qualified medical evidence and according to written procedures governing the consideration and disposition of disability issues. These procedures include your right to review decisions concerning your status. Once established, the Plan Administrator periodically reevaluates your eligibility.

When applying for disability income, you are required to submit medical evidence, which is considered in determining eligibility for the benefit. To receive disability income initially and at any time while receiving it, you also may be required to undergo medical examination(s) by physician(s) chosen by the Plan Administrator or to participate in vocational assessment or rehabilitation programs. If you do not comply, your application for UCRP Disability may be denied or previously approved UCRP disability income may be suspended.

DISABILITY DEFINITIONS

“Disabled” means being unable to engage in substantial gainful activity because of a medically determinable physical or mental impairment that is permanent or expected to last 12 continuous months or longer from the UCRP disability date.

Initially, “substantial gainful activity” means physical or mental activities that pay 50 percent or more of your final salary (adjusted for cost-of-living increases; see “Cost-of-Living Adjustments” at left). After the first year of disability income, your impairment is reevaluated. Disability income continues if you are unable to earn the amount defined annually by the Social Security Administration in determining substantial gainful activity. In 2023, this amount is \$1,470 per month.

⁶ Any service credit that was established for a leave period is not included in determining eligibility for disability benefits.

Disability Benefits

DISABILITY DATE

If you are eligible as defined by the Plan, disability income is payable. The first day of eligibility, or the disability date, is the later of:

- The first of the month in which the Plan Administrator receives the application, or
- The day after your last day on pay status

DISABILITY INCOME

Disability income is a percentage of your monthly final salary. The percentage is based on years of service credit as of the disability date, as shown below.

Years of UCRP Service Credit	Monthly Benefit (percentage of final salary)
5 (less than 6)	13.1%
6 (less than 7)	14.8%
7 (less than 8)	16.5%
8 (less than 9)	18.2%
9 (less than 10)	19.9%
10 (less than 11)	21.6%
11 (less than 12)	23.3%
12 or more	25.0%

If you have less than five years of **UCRP service credit** but are eligible for UCRP disability income because of UCRP/ CalPERS reciprocity (see page 7) or because of service credit earned as a former Savings Choice participant (see page 7), the monthly benefit will be less than that shown in the schedule above. Contact the Retirement Administration Service Center, 800-888-8267, for further information.

MAXIMUM DISABILITY INCOME

The maximum disability income that may be payable, when combined with income from other sources, depends on your UCRP membership date. You will receive further details if you become eligible for disability income.

Applying for Disability Benefits

To apply for UCRP disability income, you should contact your local Benefits Office to explore your various disability income options. Be prepared to provide medical information to substantiate your application. You should make an appointment to apply for disability benefits as soon as it appears that you won't be able to return to work because of your disability. If you become an inactive member, you are eligible to apply for disability income within 12 months of leaving University employment if medical evidence shows that you would have been entitled to disability income as of the separation date and your accumulations have remained on deposit with the Plan. But, to preserve your right to continue UC-sponsored health coverage, you must apply within 120 days of your separation.

LENGTH OF THE DISABILITY INCOME PERIOD

If you continue to be disabled as defined by the Plan, you can receive UCRP disability income as follows:

- If you are under age 65 on the UCRP disability date, you may receive disability income for up to five years or until age 65, whichever comes later;
- If you are age 65 or older on the UCRP disability date, you may receive disability income for up to 12 months or until age 70, whichever comes later.

Special provisions apply to Safety members.

WHEN DISABILITY INCOME STOPS (REGARDLESS OF UCRP DISABILITY DATE)

In all cases, if you are eligible to retire when disability income stops, you can elect UCRP retirement income.

The Plan Administrator will notify you as to when and how your benefits will be affected so that you can decide about retirement before your disability income stops. See "Retirement Benefits" on page 12 for eligibility requirements, calculations and other provisions.

If a disabled member dies, survivor benefits may be payable either immediately or at a future date (see "Death Benefits" on page 14).

Reappointment After Retirement

In certain instances where there are compelling circumstances, UC retirees are rehired to help fill a particular staffing need. Under UC policy, those retired employees who later return to UC in staff or Senior Management Group positions must follow these provisions:

- Reemployment must not occur until there has been a break in service of at least 30 days, and preferably 90 days.
- The appointment must be limited to the equivalent of no more than 43 percent time in a 12-month period; for faculty the appointment cannot be more than 43 percent time per month.
- Employment of a staff retiree must not exceed a total of 12 months; if reemployment is necessary after 12 months, the request for continued employment must follow the same approval process as the original appointment.
- Reemployment must be in response to a University need; for example, the retired employee possesses skills and institutional knowledge that the hiring department cannot otherwise obtain with equal cost effectiveness, the hiring department anticipates a prolonged process for hiring a replacement, or the need for the retired employee to assist the replacement in acquiring necessary skills and knowledge.

Rehired employees must submit a completed *UCRP Reemployed Retiree Notification* form (UBEN 1039), available from the Benefits Office.

A retired employee who is receiving UCRP monthly retirement income may suspend retirement income payments and be reemployed in a career or long-term appointment after an appropriate break in service.

If you suspend retirement income because you've been rehired into a UCRP-eligible position, you must re- retire the day after you again leave UC employment.

For more information, see the *Returning to UC Employment After Retirement Fact Sheet* available online at ucal.us/returntowork.

Internal Revenue Code Provisions

IRC provisions may affect your pension from UCRP. As explained below, the IRC limits the amount of annual earnings on which contributions and benefits may be based, places a maximum on the annual benefits a member may receive, and specifies the date by which distributions (in defined minimum amounts) must begin.

MAXIMUM CONTRIBUTION AND BENEFIT LIMITATIONS

IRC §401(a)(17) sets a dollar limit for annual earnings upon which total retirement benefits and contributions may be based. The earnings limit beginning July 1, 2023, is \$330,000 for employees who became members as of July 1, 1994, or later. For those who were active members before July 1, 1994, the earnings limit is \$490,000.

Note that for most UC employees hired into an eligible faculty or career staff appointment on or after July 1, 2016, the maximum covered compensation that counts toward pension benefits is consistent with the maximum on pensionable earnings under PEPRA. See “PEPRA Pensionable Earnings Maximum” on page 25.

IRC §415(b) places a limit on the maximum total benefits payable in any calendar year from a defined benefit plan such as UCRP. The limit is based, in part, on the member's age. For example, the limit for age 62 and older in 2023 is \$265,000.

The University of California 415(m) Restoration Plan — a nonqualified pension plan — became effective Jan. 1, 2000, to pay benefits that would not otherwise be payable because of the §415(b) limit. If your UCRP benefits are affected by the §415(b) limit, you will receive additional information about the 415(m) Restoration Plan from the UC Retirement Administration Service Center.

Generally, the 415(m) Restoration Plan will not be applicable to new employees subject to the PEPRA maximum.

MINIMUM DISTRIBUTION INCIDENTAL BENEFIT (MDIB)

The Minimum Distribution Incidental Benefit (MDIB) is a federal tax regulation in Internal Revenue Code §401(a)(9) that applies to non-spouse contingent annuitants, including domestic partners. The MDIB restricts the percentage of the member's monthly income that may be paid to a non-spouse contingent annuitant who is more than 10 years younger than the retiring member. As a result, some or all of the alternate payment options may not be available if the contingent annuitant is more than ten years younger than the member. If you believe this regulation may apply to your situation, please contact the Retirement Administration Service Center or your local benefits office to make sure you have accurate information about your payment options.

Internal Revenue Code Provisions

MINIMUM REQUIRED DISTRIBUTIONS

You must begin receiving minimum distributions from the Plan by April 1 of the calendar year following the later of:

- The year in which you leave University employment
- The year in which you reach age 70½ (if born before July 1, 1949) or age 72 (if born on or after July 1, 1949)

Generally, the UCRP formulas for retirement income satisfy the minimum distribution requirements. If you do not apply for retirement benefits by the above date, basic retirement income will begin automatically. Minimum required distributions are not eligible for rollover.

Each year, the UC Retirement Administration Service Center notifies members who are subject to the minimum distribution requirements and provides information and individual calculations to help them comply. Minimum required distributions are calculated in accordance with U.S. Treasury regulations.

ROLLOVERS

INTO THE PLAN

UCRP does not accept rollovers except for service credit purchases.

FROM THE PLAN

See the *Special Tax Notice for UC Retirement Plan Distributions* available on UCnet (ucal.us/specialtaxnotice) for information about the following UCRP distributions, which are eligible for direct rollover:

- A refund of accumulations
- Lump sum death payment to a surviving spouse
- Lump sum distributions to a spouse or former spouse under a qualified domestic relations order (QDRO) and
- Lump sum death payment to a non-spouse beneficiary (to an inherited IRA and not to another plan)

A distribution that is eligible for direct rollover is subject to mandatory 20 percent federal tax withholding unless it is directly rolled over from the Plan to a traditional IRA, to another employer plan that accepts rollovers, or to the University's Defined Contribution, Tax-Deferred 403(b), or 457(b) Deferred Compensation Plans (see "Internal Rollovers," below). If the direct rollover is to a Roth IRA, the pretax amount of the rollover will be reported as taxable income in the year of distribution.⁷

⁷ Please consult your tax adviser before a rollover to a Roth IRA. You may owe substantial federal and state taxes due to the rollover to a Roth IRA and you may be subject to an underwithholding penalty.

UCRP distributions that are not eligible for rollover include:

- Monthly retirement or disability income
- QDRO monthly income or
- Lump sum QDRO distributions to a non-spouse (as defined by federal tax law)

You (or your spouse or former spouse) may also roll over an eligible Plan distribution that has been paid to them, as long as the rollover to the IRA or new plan occurs within 60 days of receipt of the distribution. If you want to roll over 100 percent of the distribution, you must replace, from personal savings or other sources, an amount equal to the taxes that were withheld when the distribution was issued. Any amount not rolled over will be taxed as ordinary income for the year in which the distribution was issued. It may also be subject to early distribution penalties. See "Taxes on Distributions — Tax Withholding," at right. For more detailed information, see the *Special Tax Notice for UC Retirement Plan Distributions* available on UCnet (ucal.us/specialtaxnotice).

INTERNAL ROLLOVERS

If you have an account in UC's Defined Contribution Plan, Tax-Deferred 403(b) Plan or 457(b) Deferred Compensation Plan, you may rollover eligible UCRP distributions to these plans.

TAXES ON DISTRIBUTIONS

INCOME TAX

Except as described below, all distributions from UCRP are subject to federal and state ordinary income taxes. The benefit attributable to any service credit purchases made on an after-tax basis is not taxable when distributed. Any pretax portion of a distribution is taxable income in the year the distribution is issued.

EARLY DISTRIBUTION PENALTIES

In addition to being taxed as ordinary income, the taxable portion of a refund of accumulations taken before age 59½ (early distributions) may also be subject to nondeductible federal and state penalty taxes — currently a 10 percent federal tax and a 2½ percent California state tax. There are, however, a number of circumstances in which early distributions may be exempt from the penalty taxes. The exceptions are described in the *Special Tax Notice for UC Retirement Plan Distributions* available on UCnet (ucal.us/specialtaxnotice).

The UC Retirement Administration Service Center does not assess early distribution penalties when a distribution is paid. If you are subject to the penalties, you are responsible for reporting them to the IRS when you file your income tax returns.

Additional Information

TAX WITHHOLDING

The Plan Administrator withholds federal and California state income taxes (for California residents) in accordance with federal and state law. Income tax for states other than California is not withheld. You should consult a tax adviser about tax liability.

DISTRIBUTIONS ELIGIBLE FOR ROLLOVER

Distributions that are eligible for rollover (see “Rollovers” on page 18) are subject to 20 percent federal tax withholding if they are paid to you, your spouse, former spouse or non-spouse beneficiary. No taxes are withheld if the distributions are directly rolled over to a traditional IRA or another employer plan. If you request a distribution to a Roth IRA, you will be asked to select your withholding preferences. Please consult your tax adviser; the pretax portion of the rollover will be reported as taxable income in the year of distribution. For more information, see the *Special Tax Notice for UC Retirement Plan Distributions* available on UCnet (ucal.us/specialtaxnotice).

TAX STATEMENT

Each January, the Plan Administrator files a Form 1099-R with federal and state tax authorities, with a copy to the individual, for each distribution paid during the previous year. The form shows the total and taxable amounts of the individual's distribution(s).

Those who receive more than one type of distribution are sent a separate Form 1099-R for each type of distribution.

CLAIMS PROCEDURES

A member, survivor, contingent annuitant or beneficiary must submit a request to receive benefits or a distribution from the Plan. Claims for benefits must be made in accordance with procedures established by the UC Retirement Administration Service Center. No Plan distribution will be made until the claimant has provided all pertinent information requested by the UC Retirement Administration Service Center.

Generally, claims are processed within 90 days after the UC Retirement Administration Service Center receives the request and any other required information. If a claim is denied, the UC Retirement Administration Service Center will provide a written notice to the claimant, explaining the reason for denial and the right of the claimant, or the claimant's authorized representative, to appeal the denial by requesting an independent review by the Plan Administrator. The appeal must be made within 60 days of the notification of the denial. The appeal must be in writing, accompanied by documentation supporting the claim, and sent to Plan Administrator, UC Human Resources, P.O. Box 24570, Oakland, CA 94623-1570. The Plan Administrator may require the claimant to submit additional documentation within 30 days of a written request. The claimant will receive a written notice and explanation of the Plan Administrator's decision on the appeal within 120 days of the Plan Administrator's receipt of the appeal, unless circumstances require a longer period. The decision of the Plan Administrator will be final and conclusive on all persons.

If, after exhausting administrative appeal procedures, the claimant still believes that a benefit has been improperly paid or denied, the claimant has the right to initiate legal proceedings.

Send service of process to the Regents of the University of California, Trustee of the University of California Retirement Plan, c/o UC Legal — Office of the General Counsel, 1111 Franklin Street, 8th Floor, Oakland, CA 94706.

PLAN ADMINISTRATION

The Vice President of Human Resources is the Plan Administrator with responsibilities for the day-to-day management and operation of the Plan. The UC Retirement Administration Service Center provides the necessary recordkeeping, accounting, reporting, receipt and disbursement of Plan assets to eligible Plan members.

The Office of the Chief Investment Officer has primary authority for investing the assets of the Plan trust consistent with the investment policies established by the Regents. The Office of the Chief Investment Officer also serves as custodian of the Plan trust.

Additional Information

PLAN CHANGES

The Plan is subject to change and to independent audit to comply with applicable federal and state statutes, U.S. Treasury regulations and industry standards. Members are notified whenever substantive changes to the Plan occur. Although the Plan is expected to continue indefinitely, the Regents reserve the right to amend or terminate the Plan at any time.

The University will take appropriate action concerning proposed changes that may trigger notice, consultation, and meeting and conferring obligations under the Higher Education Employer-Employee Relations Act.

DESIGNATION OF BENEFICIARY

You should designate a beneficiary immediately upon becoming a UCRP member. When you die, the beneficiary receives the basic death payment and any accumulations remaining after all benefits have been paid. You may name more than one beneficiary and specify the percentage that each beneficiary is to receive. A beneficiary may be a person, trust or organization.

If you do not name a beneficiary or if the beneficiary designation is no longer effective, UCRP “default” beneficiary designation rules require that any benefits be paid to your survivors in the following order of succession:

- Surviving legal spouse or surviving domestic partner or, if none,
- Surviving children, natural or adopted, on an equal-share basis (children of a deceased child share their parent’s benefit) or, if none,
- Surviving parents on an equal-share basis or, if none,
- Brothers and sisters on an equal-share basis or, if none,
- Your estate

Beneficiary designations should be made online by signing in to UCRAYS on the right side of the UCnet home page (or at retirementatyour.service.ucop.edu). You may name or change your beneficiary online at any time.

If you do not have Internet access or are unable to use the online application, complete form UBEN 116 (*Designation of Beneficiary — Employees*). Retirees, former employees and others must use form UBEN 117 (*Designation of Beneficiary — Retirees, Former Employees and Others*) to name UCRP beneficiaries. These forms are available from local Benefits Offices or the UC Retirement Administration Service Center.

You should periodically review your beneficiary designation(s) to reflect any changes in your family situation — for example,

marriage, domestic partnership, the birth of a child, divorce or death — or in your beneficiaries’ contact information.

A will or trust does not supersede a designation of beneficiary or contingent annuitant, nor does either supersede the Plan’s “default” beneficiary rules (described at left) that apply in the absence of a valid beneficiary designation.

Note: To designate a beneficiary for the Retirement Savings Program (DC Plan, including the Pension Choice supplemental benefit or Savings Choice account, 403(b) Plan, and 457(b) Plan), contact Fidelity Retirement Services directly at 866-682-7782 or netbenefits.com.

DESIGNATION OF CONTINGENT ANNUITANT

You can designate one contingent annuitant at retirement if you want to provide a monthly lifetime benefit for that person. If your contingent annuitant is an eligible survivor (see page 24 for a definition), that person may also be eligible to continue UC retiree health benefits after your death. Please note that an Internal Revenue Code regulation may place a limitation on the extent your monthly benefits can be reduced to provide for a non-spouse contingent annuitant who is more than 10 years younger than you. As a result, some or all of the alternate payment options may not be available for you to elect if a contingent annuitant who is not your spouse is more than ten years younger than you. (See “Minimum Distribution Incidental Benefit” on page 17 for more information.)

The designation is irrevocable as of your retirement date or 15 days from the date on your confirmation letter, whichever is later — you cannot name a new contingent annuitant (see “Alternate Monthly Payment Options” on page 13).

COMMUNITY PROPERTY

If you are married or have a registered domestic partner and designate someone other than your legal spouse or partner as a beneficiary or contingent annuitant, you may need to consider the spouse’s/partner’s community property rights. For residents of a community property state such as California, a designation of beneficiary or contingent annuitant may be subject to challenge if the spouse/partner would consequently receive less than the share of the benefit attributable to community property.

ASSIGNMENT OF BENEFITS

Generally, UCRP benefits payable to members, survivors or beneficiaries cannot be attached by creditors, nor can anyone receiving benefits assign payments to others. UCRP benefits are intended solely for the benefit of members and their beneficiaries and survivors.

There are some exceptions, however, in which the University complies with the legal requirements. For example, the IRS may attach retirement benefits to collect unpaid taxes, or a court may order certain benefits to be paid for child or spousal support.

QUALIFIED DOMESTIC RELATIONS ORDERS (QDRO)

If you divorce or end a registered domestic partnership, the court may include Plan assets as community property to be divided between you and your former spouse, registered domestic partner or other dependent. In such cases, the domestic relations order must be approved, or qualified, by the Special Claims Unit of the UC Retirement Administration Service Center as being in compliance with California community property law if applicable, and with the Plan.

The University cooperates fully with you and your spouse, domestic partner or dependent, as well as your attorneys and the court in divorce cases. Both spouses, domestic partners and the court have the right to request information about the benefits you earned while you were married and how those benefits are derived, as well as information about the options available to your spouse, registered domestic partner or dependent. UCRS must be joined as a party to the domestic relations proceeding if the proceeding will be heard in a California court, and once UCRS has been joined, this information can be released. Prior to the joinder, or if the proceeding is taking place in another state, the request for information must be accompanied by a signed release from you or a valid subpoena. All requests should include your name, Social Security number, address (or name and address of your attorney), date of marriage/domestic partner registration and marital/domestic partnership termination date.

An Alternate Payee must choose monthly retirement income for the allocated portion of your benefit attributable to 2016 Tier.

The Alternate Payee may begin receiving monthly payments at your minimum retirement age of 55 or when you actually retire.

FURTHER INFORMATION

To help you better understand UCRP benefits, UC Human Resources provides personalized account information. You can find current, comprehensive information about your UCRP account as well as any other UC accounts you may have and make certain online UCRP transactions by visiting UCnet and signing in to your account on UC Retirement At Your Service (UCRAYS). UCnet also contains a link to the Fidelity Retirement Services website so you may access your Defined Contribution Plan, Tax-Deferred 403(b) Plan and 457(b) Deferred Compensation Plan balances.

Annual reports containing audited financial statements are available on UCnet or from the UC Retirement Administration Service Center.

Plan summaries are provided at hire and are also available on UCnet (ucnet.universityofcalifornia.edu) or from the UC Retirement Administration Service Center.

You may view the University of California Retirement Plan document online (ucal.us/UCRSdocuments).

All notices or communications will be effective when sent to you by first-class mail or conveyed electronically to your address of record. The University and the Regents are entitled to rely exclusively upon any notices, communications or instructions issued in writing or electronically conveyed by UC Human Resources.

Plan Definitions

Certain key terms are used throughout this plan summary that are specific to UCRP and its benefit provisions. They are defined as follows:

BREAK IN SERVICE

Leaving University employment, including any period on pay status but without covered compensation, or any period off pay status for four or more consecutive months. The following periods do not constitute a break in service for UCRP membership as long as you return to pay status at the end of the period:

- Approved leave of absence without pay
- Temporary layoff (fewer than four months)
- Furlough
- Period of right to recall and preference for reemployment
- Return to pay status the next working day after leaving University employment
- Return to pay status after a military leave in accordance with employees' reemployment rights or
- Return to pay status from a medical separation within the time allowed under University policy

TIER BREAK IN SERVICE

Active UCRP members in the 1976 Tier or 2013 Tier who leave UC employment and then return to a UCRP-eligible position before the first day of the second month following the month the member left employment will remain in their tier and continue to accrue benefits under the terms of that tier. For example, if a member leaves UC employment on July 5, 2023, and returns to a UCRP-eligible appointment before Sept. 1, 2023, for purposes of determining tier membership, the member will not have incurred a break in service. In this case, the rehired member will not be eligible for the Retirement Choice Program.

COVERED COMPENSATION (UCRP ELIGIBLE PAY)

The gross monthly pay that an active employee receives for a regular and normal appointment, including pay while on sabbatical or other approved leave of absence with pay. Not included are:

- Pay for overtime unless in the form of compensatory time off
- Pay for correspondence courses, summer session, intersession and for interquarter or vacation periods or University extension courses, unless such employment constitutes part of an annual or indefinite appointment
- Pay for a position that is not normally full time except if paid on a salary or hourly rate basis

- Pay that exceeds the full-time rate for the regular, normal position to which the member is appointed
- Pay that exceeds the base salary (X+X') as negotiated under the Health Sciences Compensation Plan
- Pay that exceeds the established base pay rates, including non-elective deferred compensation, honoraria and consulting fees
- Payments received as uniform allowance, unless included as part of compensation for a regular and normal appointment
- Pay that exceeds the IRC §401(a)(17) dollar limit; beginning July 1, 2023, earnings limit is \$330,000 (\$490,000 for UCRP Members with an original UCRP entry date prior to July 1, 1994, considered "grandfathered employees" by the IRS)
- Payments received as a faculty recruitment allowance or housing allowance
- Pay from sources other than the University of California
- For those subject to the PEPRA maximum, pay that exceeds the PEPRA maximum
- Pay prior to the effective date of UCRP membership
- Pay earned while a Savings Choice participant

DESIGNATED FACULTY

Faculty who are eligible for a five percent UC contribution to the Pension Choice supplemental account (on all covered compensation up to the annual IRC maximum); includes:

- Ladder-rank faculty and equivalent titles (Professorial and Equivalent titles, which include Agronomists, Astronomers, Clinical Professor of Dentistry (over 50%) and Supervisor of Physical Education)
- Professor in Residence series
- Professor of Clinical (X) series
- Acting full, associate and assistant professors
- Lecturers/Senior Lecturers (full-time) with Security of Employment or Potential Security of Employment (excluding UC College of the Law, San Francisco (formerly Hastings) Lecturers/Senior Lecturers)
- Adjunct Professor series
- Health Science Clinical Professor series

Eligible staff and other academic appointees (not listed above) will receive a three percent UC contribution to the Pension Choice supplemental account on all covered compensation above the PEPRA maximum, up to the annual IRC maximum.

DOMESTIC PARTNER

An individual you have designated as your domestic partner by one of four possible methods (any single method is sufficient):

- Registration of your domestic partnership with the state of California
- Registration of your union, other than marriage, in another jurisdiction that is substantially equivalent to a California domestic partnership
- Enrollment of the domestic partner in UC-sponsored health benefits and successful completion of the eligibility verification process (note that enrolling your partner in benefits that do not require eligibility verification, including the Postdoctoral Scholars Benefit Program and the Graduate Student Health Insurance Plan, will not establish your partner as your survivor for UCRP benefits)
- Sign and file a *UC Declaration of Domestic Partnership* (UBEN 250) with UC Retirement Administration Service Center Records Management (P.O. Box 24570, Oakland, CA 94623-1570). Please note that both the UCRP member and the domestic partner must sign the UBEN 250 form.

If both you and your domestic partner are employees eligible for UCRP and your partnership has not been registered with the state of California or another jurisdiction, you must separately and independently designate each other as survivor for UCRP benefits. Enrolling your partner in health benefits as your family member and completing the eligibility verification process (see third bullet above) designates your partner as your survivor. Your partner must then submit a UBEN 250, signed by you and your partner, to designate you as survivor. Alternatively, you must each submit a separate UBEN 250, signed by both partners.

Please note: While establishing your partnership for UCRP benefits can be done at any time, it is very important to know that if you pass away before doing so, your partner cannot be considered for UCRP survivor benefits. See *Benefits for Domestic Partners*, available on UCnet.

Some UCRP survivor and death benefits, including preretirement survivor benefits, require an established domestic partnership of at least one year. However, there is no one-year partnership requirement for benefits paid to your domestic partner if you die while eligible to retire, as long as the partnership has been established through one of the above methods.

ELIGIBLE CHILD

The biological or adopted child or stepchild of a disabled or deceased member, or the biological or adopted child of the member's eligible domestic partner, who:

- Received at least 50 percent support from the member for one year before the member's death, disability date or retirement, whichever occurs first; and
- Is under age 18 or
- Is under 22 and attending an educational institution full time or
- Is disabled (The disability must have occurred while the child was eligible based on age, as above)

The one-year support requirement does not apply to a member's child as follows:

For a biological child:

- If the child is born after the member's disability date or
- Is born within 10 months after the member's death or
- Is born less than one year before the member's death or disability or retirement date

For an adopted child, it does not apply if the adoption is finalized:

- After the member's disability date or
- As of the date of the member's death or disability or
- Less than one year before the member's death or disability or retirement date

A stepchild or an eligible domestic partner's biological or adopted child must have been living with or in the care of the member just before the member's death or disability or retirement.

An eligible child may qualify for preretirement survivor benefits.

ELIGIBLE DEPENDENT PARENT

The biological or adoptive mother or father of an active, disabled or retired member who received at least 50 percent support from the member for the year just before the member's death, disability or retirement.

An eligible dependent parent may qualify for preretirement survivor benefits.

Plan Definitions

ELIGIBLE DOMESTIC PARTNER

The domestic partner (as defined above) of a deceased or disabled active member. The partnership must have been established at least one year before the member's death or disability date, and the partner must:

- Be responsible for the care of an eligible child (as defined on page 23) or
- Be disabled (see pages 15–16) or
- Have reached age 60

If the domestic partner is responsible for the care of an eligible child who is the member's biological child, the one-year partnership requirement is waived as long as the child is eligible.

If the deceased employee was an active UCRP member and eligible to retire, see "Surviving Domestic Partner" definition, on page 25.

ELIGIBLE SPOUSE

The widow or widower of a deceased or disabled active member. The date of marriage must have been at least one year before the member's date of death, and the spouse must:

- Be responsible for the care of an eligible child (as defined on page 23)
- Be disabled (see pages 15–16) or
- Have reached age 60

If the spouse is responsible for the care of an eligible child who is the member's biological child, the one-year marriage requirement is waived as long as the child is eligible.

If the deceased employee was an active UCRP member and eligible to retire, see "Surviving Spouse" definition, on page 25.

ELIGIBLE SURVIVOR

See "Eligible Child," "Eligible Dependent Parent," "Eligible Domestic Partner" or "Eligible Spouse."

FINAL SALARY

The monthly full-time equivalent compensation of an active member at the time of death or disability date (or, if higher, on the member's separation date).

If the member worked less than full time during the last 12 months of continuous employment, whether on an annual or partial-year career appointment, the monthly full-time equivalent compensation is adjusted based on the average percentage of time on pay status over the last 36 months of continuous service.

Whether the member has worked full time is determined without regard to sabbatical leave, extended sick leave, a medically determinable physical or mental condition that causes the member to apply for disability income or participation in an approved rehabilitation program. Periods of approved leave of absence without pay are excluded from the 36 months; the time before and after a leave is considered continuous.

HIGHEST AVERAGE PLAN COMPENSATION (HAPC)

A member's average monthly full-time equivalent compensation, including any administrative stipends, during the 36 continuous months in which covered compensation was the highest. The HAPC is subject to the PEPR maximum (see definition below) and/or the IRC annual maximum (see "Maximum Contribution and Benefit Limitations" on page 17), as applicable.

Periods of approved leave of absence without pay are excluded from the 36 months; the time before and after a leave, or before and after a period of inactive membership, is considered continuous. Service credit purchased for a leave period or for past (refunded) service will be included in determining these 36 months.

For a member on a partial-year appointment, compensation earned on a 9-, 10- or 11-month appointment is spread over a year to determine the member's annual full-time equivalent compensation, and compensation for each month within the 12-month period is treated as 1/12th of the total amount.

The HAPC attributable to service while on a partial-year career appointment is based on the 36 continuous months that produce the highest average covered compensation.

PEPRA PENSIONABLE EARNINGS MAXIMUM

Maximum set for pensionable earnings under the 2013 California Public Employees' Pension Reform Act (PEPRA). This maximum also applies to other California public pension plans and is reviewed annually and may be adjusted. For the Plan year beginning in 2023, the maximum is \$146,042 (\$175,250 for members not paying into Social Security).

The PEPRA maximum applies to most UC employees who are hired into an eligible faculty or career staff appointment on or after July 1, 2016. However, employees are not subject to PEPRA if they:

- Were a UCRP member before July 1, 2016, or
- Were employed in a safe harbor position prior to July 1, 2016, or
- Were a "Classic Member" under CalPERS and are eligible for UCRP/CalPERS reciprocity (see "Reciprocity" on page 7). For the purpose of exemption from the PEPRA maximum, you will need to provide self-certification of your eligibility by submitting the UBEN 300 form to the UC Retirement Administration Service Center; you may contact the UC Retirement Administration Service Center at 800-888-8267.

SURVIVING DOMESTIC PARTNER

The domestic partner (as defined on page 23) of a deceased or disabled active UCRP member.

The surviving domestic partner is eligible to receive the UCRP contingent annuitant Option A benefit (see page 13) if the member was eligible to retire at the time of death.

SURVIVING SPOUSE

The widow or widower of a deceased or disabled active UCRP member.

The surviving spouse is eligible to receive the UCRP contingent annuitant Option A benefit (see page 13) if the member was eligible to retire at the time of death.

Information for Members with Service Credit from a Previous Period of Employment

If you worked at UC prior to July 1, 2016, you may have earned UCRP service credit in the 1976 Tier, 2013 Tier and/or Modified 2013 Tier. If you are eligible for retirement benefits under more than one tier, you will be subject to the provisions of multiple tiers and your retirement benefits will be calculated taking the benefits accrued under the multiple tiers into account. The information below explains how the tiers work together.

Please note: Depending on the length of your break in UC service, you may remain in the UCRP retirement tier in which you were last a member, or you may be eligible for retirement benefits in a new tier. If you leave UC employment as an active UCRP member and return to work at UC in a UCRP-eligible position before the **first** day of the **second** month following the month you left employment, you will remain in your prior tier (and will continue to accrue benefits under the terms of that tier). For example, if you leave UC employment on July 5, 2023, and return to a UCRP-eligible appointment before Sept. 1, 2023, you will remain in your prior retirement tier. Alternatively, if you leave UC employment on July 5, 2023, and return to an eligible appointment on or after Sept. 1, 2023, you will be eligible for retirement benefits through the UC Retirement Choice Program, which includes Pension Choice (UCRP 2016 Tier) or Savings Choice (unless you became a member of UCRP prior to 1994 or you are represented by a bargaining unit that does not participate in the UC Retirement Choice Program).

RETIREMENT DATE

You must choose a single retirement date for all portions of your retirement benefit. If you retire before age 55 (the minimum age for the 2013 and 2016 Tiers), you will receive only the benefit accrued under the 1976 Tier and/or the Modified 2013 Tier, if applicable, until you reach age 55. At that time, benefits accrued under the 2013 and/or 2016 Tiers will begin automatically and you will receive the combined amount (unless you chose a lump sum cashout for the 1976 and/or Modified 2013 Tier, as applicable).

RETIREMENT BENEFIT

BENEFIT CALCULATION

If you accrue benefits under more than one tier or member class, your total benefit will be the sum of the benefits you earned under each tier and/or member class (although the commencement dates may differ, as described above).

For example, if you have accrued a benefit under the 1976 Tier and another tier, your 1976 Tier benefit will be the greater of the amount determined under Calculation 1 or Calculation 2.

Example⁸

You retire at age 52 with 10 years of 1976 Tier service and 2 years of 2016 Tier service.

Calculation 1

Your 1976 Tier age factor at your retirement date × years of service credit accrued under the 1976 Tier × a time-adjusted HAPC. The HAPC is determined as of the date of your break in service under the 1976 Tier, which is then increased by a COLA on July 1 of each year, to your retirement date.

\$5,000	average pay for last 36 months of 1976 Tier service credit period
+ 300	inactive COLA from end of 1976 Tier service credit period to retirement date
\$5,300	HAPC

Calculation 2

Your 1976 Tier age factor at your retirement date × your years of service credit accrued under the 1976 Tier × your HAPC. Your HAPC is based on your average compensation determined over the 36 consecutive months of your entire career that yield the highest average.

\$5,100	HAPC based on average pay for last 12 months of 1976 Tier service credit period and 24 months of 2016 Tier service credit period
----------------	--

The Calculation 1 HAPC is higher and results in a higher monthly benefit, so you receive this benefit:

.0138	1976 Tier age 52 factor
× 10	years of 1976 Tier service credit
× <u>[\$5,300 – \$133]</u>	HAPC – Social Security offset
\$713*	1976 Tier monthly benefit

* You will also receive a Temporary Social Security Supplement of \$18 per month (.0138 x 10 x \$133 = \$18) payable until age 65

⁸ Benefit amounts are in the form of basic retirement income and are rounded down to the nearest dollar.

When you turn 55, you will begin receiving additional income based on your 2013 and/or 2016 Tier service, since that is the earliest age at which you can start receiving these benefits.

Your benefit accrued under the 2016 Tier is determined under the following formula: 2016 Tier age factor at the date your 2016 Tier benefit begins x your years of service credit accrued under the 2016 Tier x your final HAPC. (The same formula applies to the 2013 Tier benefit, if any.)

Example⁹

Your HAPC is based on Calculation 2 above. Your career HAPC is \$5,100.

Your 2016 Tier benefit is calculated as follows:

.0110	2016 Tier age 55 factor
× 2	years of 2016 Tier service credit
× <u>\$5,100</u>	HAPC
\$112	2016 Tier monthly benefit

You will receive an additional \$112 per month at age 55.

If you accrued benefits under multiple tiers and as a Safety member, you will have a blended calculation at retirement.

FORM OF PAYMENT

You are required to elect the same form of monthly retirement income for all tiers' benefits. For example, if you choose Option A, it applies to all portions of your benefit.

Exceptions: You may choose to receive your benefit accrued under the 1976 Tier (and Modified 2013 Tier, if applicable) as a lump sum. You must elect a form of monthly retirement income for 2013 Tier and 2016 Tier benefits. The lump sum option is not available for 2013 and 2016 Tier benefits.

If you choose Option D for your 1976 Tier benefit, your 2016 Tier benefit will automatically be paid in the Option C form because Option D is not available for the 2016 Tier (or 2013/Modified 2013 Tier). These payment options have the same payment structure.

CONTINGENT ANNUITANT

If you elect to provide a portion of your retirement for a contingent annuitant, you must select the same contingent annuitant for both portions of your retirement benefit.

The contingent annuitant and the payment option you elect cannot be changed, even if the contingent annuitant dies before 2016 Tier benefits begin.

COST OF LIVING ADJUSTMENTS

If you retire prior to age 55, the effective date for the first COLA for the 2016 Tier benefit is the first July 1 that follows the 12-month anniversary of the commencement date for your 2016 Tier benefit.

Example

You retire June 28, 2023, at age 53 and begin receiving your 1976 Tier benefit. You will begin receiving a COLA on that benefit in July 2024. After your 55th birthday in April 2025, you begin receiving your 2016 Tier benefit. You will begin receiving a COLA on your 2016 Tier benefit in July 2026.

OTHER BENEFITS

Some benefits will be calculated using a weighted average of tier benefits. The weighted average is the ratio of tier service credit over total service credit. For example, if you have 10 years of service under the 1976 Tier and five years under the 2016 Tier, the benefit would be calculated using two-thirds of the 1976 Tier benefit and one-third of the 2016 Tier benefit.

Benefits calculated using the weighted average include the disability income benefit and pre-retirement survivor income, as explained below.

DISABILITY INCOME BENEFIT

Disability income is calculated using the formula for each tier in which you have earned service credit, with all of your service credit from all tiers used in each calculation. The weighted average of the results determines your monthly benefit. If, however, the disability income based only on 1976 Tier service is greater, you will receive that amount.

⁹ Benefit amounts are in the form of basic retirement income and are rounded down to the nearest dollar.

Information for Members with Service Credit from a Previous Period of Employment

Example

You become disabled at age 52 with 10 years of 1976 Tier service and 2 years of 2016 Tier service. Your final monthly salary as of your disability date: \$5,200

Your disability income calculation is a weighted average of results based on total service credit under 1976 Tier formula (including \$106.40 Social Security offset) and 2016 Tier formula, weighted by the ratio of tier service credit over total service credit:

Under the 1976 Tier formula, you are eligible for 40 percent of your income (based on 12 years of total service credit)
 $\times (\$5,200 - \$106.40) = \$1,973.60$

Under the 2016 Tier formula, you are eligible for 25 percent of your income (based on 12 years of total service credit)
 $\times \$5,200 = \$1,300$

The weighted average:

\$1,644.67	$\$1,973.60 \times \frac{10}{12}$ of the 1976 Tier calculation
+ 216.67	$\$1,300 \times \frac{2}{12}$ of the 2016 Tier calculation
\$1,861¹⁰	

Calculation for 1976 Tier-only benefit:

Under the 1976 Tier formula, you are eligible for 35 percent of your income (based on 10 years of 1976 Tier service credit)
 $\times (\$5,200 - \$106.40) = \$1,713.60$

Because \$1,861 is greater than \$1,713.60, \$1,861 is your UCRP disability income.

PRERETIREMENT SURVIVOR INCOME

This benefit is calculated as the weighted average of the 1976 Tier benefit (25 percent of final salary minus \$106.40 Social Security offset) and the 2016 Tier benefit (15 percent of final salary).

Example

You die at age 48 with an Eligible Child
Your final salary as of date of death: \$5,200
You have 10 years of 1976 Tier service and 2 years of 2016 Tier service

Calculations

1976 Tier formula:
 $25\% \times \$5,200 = \$1,300$
 $(\$1,300 - \$106.40) = \$1,193.60$

2016 Tier formula:
 $15\% \times \$5,200 = \780

The weighted average:

\$994.67	$\$1,193.60 \times \frac{10}{12}$ of the 1976 Tier calculation
+ \$130	$\$780 \times \frac{2}{12}$ of the 2016 Tier calculation
\$1,124¹⁰	Preretirement Survivor Income*

* For the first three months the benefit will be slightly higher because the \$106.40 Social Security offset is not applied.

QDRO ALTERNATE PAYEE PROVISION

If you retire prior to age 55 and the 2013 and/or 2016 Tier portion of your benefit is considered community property under a QDRO, your Alternate Payee must wait until you reach age 55 to begin monthly payments of their allocated share of the 2013 and/or 2016 Tier portion of the benefit. The alternate payee's options for the 1976 Tier portion of the alternate payee's benefit are outlined in the *Qualified Domestic Relations Order Fact Sheet*, available online at ucal.us/QDROfactsheet.

¹⁰ Benefit amounts are monthly income and, for purposes of these examples, are rounded down to the nearest dollar.

Defined Contribution Plan: Plan Summary

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Introduction

The University of California offers eligible employees of the University and its affiliate, UC College of the Law, San Francisco (formerly Hastings College of the Law), a tax-qualified retirement plan to provide primary and supplemental retirement benefits. The Plan is a defined contribution plan under §401(a) of the Internal Revenue Code (the IRC). Future benefits from the Defined Contribution Plan (DC Plan) comprise contributions made to the DC Plan plus investment earnings. Employer contributions are subject to vesting.

The designated Plan Administrator of the DC Plan is the Vice President, Human Resources (VP-HR). The Office of the Chief Investment Officer (OCIO) is responsible for monitoring a broad range of professionally managed investment options available to Plan participants. Currently, Fidelity Retirement Services performs recordkeeping duties. The relevant contact information is on the inside front cover. The Plan Administrator administers the DC Plan for the sole benefit of Plan participants and their beneficiaries. Participants may want to consult a tax adviser or financial planner before enrolling to make voluntary after-tax contributions. Individual investment strategies should reflect the participant's personal savings goals and tolerance for financial risk. UC, the Regents, the Office of the Chief Investment Officer, UC Human Resources and Fidelity Retirement Services are not liable for any loss that may result from participants' investment decisions. This plan summary reflects the Plan provisions as in effect on Jan. 1, 2023.

DC Plan Pretax Account: Participation and Eligibility

The DC Plan has separate accounts for pretax and after-tax contributions. The Pretax Account holds employer contributions and mandatory employee contributions from eligible members of the following groups:

- Savings Choice participants
- Pension Choice participants who are eligible for the supplemental DC Plan account
- Safe Harbor participants
- Summer Salary (paid prior to Nov. 1, 2016)
- Members of the UCRP 1976 Tier with UCRP contributions redirected to the DC Plan Pretax Account

In accordance with IRC §414(h), mandatory contributions to the Pretax Account are deducted from gross salary, and income taxes are calculated on remaining pay, thus reducing the participant's taxable income. Taxes on contributions and any investment earnings are deferred (that is, postponed) until the participant withdraws the money.

The After-Tax Account contains voluntary employee contributions that are deducted from a participant's net income. Participants may want to consult a tax adviser or financial planner before enrolling as IRC maximum contribution limits apply.

The information in this section pertains primarily to the DC Plan Pretax Account. References are made to the DC Plan After-Tax Account when the same information applies.

COLLECTIVE BARGAINING

The provisions of the Plan are subject to collective bargaining for represented employees. Terms and conditions of employment for exclusively represented employees are spelled out in the detailed contracts that the university and the unions have negotiated. If you are in a bargaining unit, you can find the contract that applies to you on the Labor Relations website (ucal.us/laborrelations), or directly from the union.

PARTICIPATION IN THE DC PLAN PRETAX ACCOUNT IS MANDATORY FOR:

- Savings Choice participants
- Pension Choice participants who are eligible for the supplemental DC Plan account
- Safe Harbor participants

ELIGIBILITY FOR SAVINGS CHOICE

You are eligible for a choice of primary retirement benefits (Savings Choice or Pension Choice) if you:

- Are hired on or after July 1, 2016, into an eligible faculty or career staff appointment (at least 50 percent time on a fixed or variable basis for one year or longer)
- Are rehired on or after July 1, 2016, into an eligible faculty or career staff appointment after a break in UC service (between one and two months), unless you were originally hired by UC before July 1, 1994, or
- Are hired in an ineligible position and become eligible for benefits on or after July 1, 2016, either by completing an hours requirement or by obtaining an eligible faculty or career staff appointment

Employees who are hired on or after July 1, 2016, in Safe Harbor positions may become eligible for a choice of primary retirement benefits after working 750 hours or 1,000 hours in a rolling, continuous 12-month period, depending upon job classification. (Employees in a Non-Senate Instructional Unit qualify for a choice of primary retirement benefits after working 750 hours in an eligible position.) Eligibility is effective no later than the first of the month following the month in which 1,000 hours (or 750 hours) is reached.

Exceptions:

A University employee is not eligible for UC primary retirement benefits if the employee:

- Is at the University primarily to obtain education or training
- Receives pay under a special compensation plan but receives no covered compensation (see "Covered Compensation for Savings Choice and Pension Choice" on page 34)
- Is in a per diem, floater or casual restricted appointment
- Is appointed as a Regents' Professor or Regents' Lecturer
- Is an employee hired as a visiting appointee

SECOND CHOICE WINDOW TO SWITCH FROM SAVINGS CHOICE TO PENSION CHOICE

Savings Choice participants have a window of opportunity to switch prospectively from Savings Choice to Pension Choice, and become members of the UC Retirement Plan (UCRP). The second choice window for Savings Choice participants opens on Jan. 1 of the fifth anniversary of the calendar year in which they made their initial election.

A move from Savings Choice to Pension Choice is effective on July 1 (the beginning of the plan year) following your election, if your election is submitted electronically or postmarked on or before May 31.

A switch from Savings Choice to Pension Choice is a change in your primary retirement benefits going forward; it is not retroactive. A switch to Pension Choice during your second choice window means:

- Your Savings Choice account balance will remain yours. Contributions (from you and UC) to your Savings Choice account will stop on the date the change takes effect.
- The service credit you earned as a participant in Savings Choice will count toward your retiree health benefits and toward vesting in UCRP and in your Pension Choice supplemental account (if you have one). You will begin earning UCRP service credit toward the calculation of your pension benefit on the date your switch to Pension Choice takes effect.
- You will remain in the pension plan for the remainder of your career, even if you separate and return. Participants in Pension Choice may not switch to Savings Choice.

ELIGIBILITY FOR SUPPLEMENTAL DC PLAN ACCOUNT UNDER PENSION CHOICE

Participants eligible for a supplemental DC Plan Pretax Account under Pension Choice include:

- Designated faculty, defined as those in the following positions:
 - Ladder-rank faculty and equivalent titles (Professorial and Equivalent titles, which include Agronomists, Astronomers, Clinical Professor of Dentistry (over 50%) and Supervisor of Physical Education)
 - Professor in Residence series
 - Professor of Clinical (X) series
 - Acting full, associate and assistant professors
 - Lecturers/Senior Lecturers (full-time) with Security of Employment or Potential Security of Employment (excluding UC College of the Law, San Francisco (formerly Hastings) Lecturers/Senior Lecturers)
 - Adjunct Professor series
 - Health Science Clinical Professor series
- Eligible staff and other academic appointees with covered compensation above the 2013 California Public Employees' Pension Reform Act (PEPRA) maximum (\$146,042 for the Plan year beginning in 2023).

ELIGIBILITY FOR SAFE HARBOR PARTICIPANTS

These participants include part-time, seasonal, temporary UC employees who are not eligible for primary retirement benefits and whose wages are not subject to Social Security taxes. Also included in this category are non-exempt UC student employees who do not satisfy certain course-load requirements and resident aliens with F-1 and J-1 visa status. This category does not include students whose wages from University employment are exempt from taxation under the Federal Insurance Contribution Act (FICA) and nonresident aliens with F-1 or J-1 visa status or whose wages are subject to foreign (i.e., their home country) taxes or contributions under a Social Security totalization agreement.

Contributions

Enrollment for Safe Harbor participants is automatic and begins on the first day of an eligible appointment.

Mandatory employee contributions to the DC Plan Pretax Account may come only from income paid through the UC payroll system. Employees may also roll over money from other employer-sponsored plans, including the taxable portion of a lump sum or CAP distribution from the University of California Retirement Plan (UCRP; see "Rollovers: Into the Plan" on page 41).

Mandatory employee contributions to the Pretax Account appear on employees' W-2 forms in the box marked "Other"; they are not reported as taxable income.

Mandatory employee contributions to the DC Plan Pretax Account are deducted from gross salary (after certain pretax deductions including medical plan premiums), and income taxes are calculated on remaining pay (after all pretax deductions have been applied). Although mandatory pretax contributions reduce taxable income, they do not reduce any other salary-related University benefits such as vacation or sick leave, life or disability insurance benefits, or benefits payable from UCRP.

Mandatory employee contributions may be affected by UC guidelines about covered compensation (also referred to as "eligible pay;" see page 34) and by IRC limitations on contributions (see page 35).

DC Plan participation may affect the income tax deductibility of any contributions you make to a traditional Individual Retirement Account (IRA). IRA contributions may still qualify for a full or partial tax deduction, depending on your adjusted gross income and tax filing status. Participants concerned about the impact of DC Plan contributions on deductible IRA contributions should consult a tax adviser.

SAVINGS CHOICE CONTRIBUTIONS

Participants in Savings Choice make mandatory pretax contributions of 7 percent of covered compensation, up to the annual IRC maximum. UC contributes 8 percent of covered compensation, up to the IRC maximum.

SUPPLEMENTAL DC PLAN ACCOUNT CONTRIBUTIONS UNDER PENSION CHOICE

For Pension Choice participants eligible for the DC Plan supplemental account, the mandatory employee pretax contribution is 7 percent on covered compensation over the PEPRA maximum (\$146,042 for the Plan year beginning in 2023), up to the IRC maximum (\$330,000 in 2023).

Contributions

UC's contributions to this benefit vary depending on job type. For designated faculty (as defined on pages 32–33), UC contributes 5 percent on all covered compensation up to the IRC maximum. For other academic appointees and eligible staff with pay above the PEPRA maximum, UC contributes 3 percent on pay above the PEPRA maximum up to the IRC maximum.

COVERED COMPENSATION (ELIGIBLE PAY) FOR SAVINGS CHOICE AND PENSION CHOICE

Contributions to the Savings Choice account or the supplemental DC Plan account under Pension Choice are based on covered compensation (or eligible pay). This is the gross monthly pay that an active participant receives for a regular and normal appointment, including pay while on sabbatical or other approved leave of absence with pay. Covered compensation does not include:

- Pay for overtime unless in the form of compensatory time off
- Pay for correspondence courses, summer session, intersession and for interquarter or vacation periods or University extension courses, unless such employment constitutes part of an annual or indefinite appointment
- Pay for a position that is not normally full time except if paid on a salary or hourly rate basis
- Pay that exceeds the full-time rate for the regular, normal position to which the member is appointed
- Pay that exceeds the base salary (X+X') as negotiated under the Health Sciences Compensation Plan
- Pay that exceeds the established base pay rates, including non-elective deferred compensation, honoraria and consulting fees
- Payments received as uniform allowance, unless included as part of compensation for a regular and normal appointment
- Pay that exceeds the IRC §401(a)(17) dollar limit; beginning July 1, 2023, the earnings limit is \$330,000
- Payments received as a faculty recruitment allowance or housing allowance
- Pay from sources other than the University of California

PEPRA MAXIMUM

For those participants subject to the PEPRA limit, the maximum covered compensation (or eligible pay) that counts toward UCRP pension benefits is consistent with the maximum on pensionable earnings under PEPRA. This maximum also applies to many other California public pension plans and is reviewed annually and may be adjusted. For the Plan year beginning in 2023, the maximum is

\$146,042 (\$175,250 for members not paying into Social Security). The PEPRA maximum applies to most people who are hired into an eligible faculty or career staff appointment on or after July 1, 2016, **and** who participate in Pension Choice. In the DC Plan, the PEPRA maximum plays a role in determining the amount of the employer contribution toward the DC Plan supplemental account. However, the PEPRA maximum does not apply to participants in Savings Choice.

SAFE HARBOR CONTRIBUTIONS

Safe Harbor participants (part-time employees and non-exempt students who are not eligible for the Retirement Choice Program or membership in UCRP) make mandatory contributions of 7.5 percent to the DC Plan Pretax Account.

These contributions will stop for Safe Harbor participants who become eligible for the University's primary retirement benefit options. Instead, mandatory pretax employee and employer contributions will be made to the applicable primary retirement benefit plan(s).

Money accumulated in the Pretax Account remains in the Plan until the participant leaves employment and takes a distribution (see "Distributions: Former Employees," on page 37).

LEAVES OF ABSENCE

Mandatory employee contributions to the Pretax Account stop during a leave without pay and resume automatically upon return to pay status in an eligible position.

For sabbatical leaves or administrative leaves with pay during which employees earn less than 100 percent of regular compensation, contributions continue based on compensation (including paid vacation or sick leave) earned during the leave.

Special rules may allow participants on military leave to "make up" Pretax Account contributions that would have been credited to their account during the military leave. Local Benefits Offices can provide more information.

TERMINATION OF EMPLOYMENT

If a participant leaves UC employment, contributions to the Plan stop automatically. The options available for a participant's accumulations are described in "Distributions: Former Employees" (see page 37).

Vesting

REAPPOINTMENT

If a participant leaves employment or retires and is later rehired into an eligible position, contributions to the Plan may resume again, depending on the participant's employment status. The participant once again becomes subject to the rules governing active Plan participation.

Safe Harbor participants who leave employment and who are later rehired into another position eligible for Safe Harbor participation will be re-enrolled automatically.

LIMITATIONS ON COMPENSATION AND CONTRIBUTIONS

Section 401(a)(17) of the IRC sets a dollar limit for annual earnings on which contributions to the DC Plan may be made. The earnings limit in 2023 is \$330,000 for those who became participants on July 1, 1994, or later.

To comply with the IRC §415(c) contribution limit (\$66,000 in 2023) and to protect the Plan's qualified status with the IRS, the Plan Administrator annually monitors contributions made for participants. If, due to reasonable error, the 415(c) limit is exceeded for the year, a participant's after-tax contributions, adjusted for income or losses, will be refunded to the extent necessary to come within the limit. Although the earnings are subject to ordinary income taxes for the year in which the excess amount is refunded, they are not subject to the penalty taxes on early distributions.

The earnings on excess contributions are not eligible for rollover.

INVESTMENT OF CONTRIBUTIONS

Participants choose the investment options in which they want to invest their contributions. The investment options are explained on page 40. If participants do not make a choice, their contributions are automatically invested in the UC Pathway Fund with a target date near the participant's expected retirement date.

Participants may exchange (transfer) accumulations in the Plan among the investment options at any time. Direct exchanges between certain investment options may be prohibited. See the Fidelity Retirement Services website (netbenefits.com) for more information.

To vest means to acquire certain rights in the benefits you accrue. Once vested, you generally have a non-forfeitable right to receive your Plan account balance subject to the plan's distribution rules.

Your own employee contributions (including your rollover contributions) and related investment earnings on those amounts are immediately vested, regardless of account type. UC contributions on summer salary paid into the Plan prior to Nov. 1, 2016, are also immediately vested.

VESTING FOR SAVINGS CHOICE

If you remain actively employed, the employer portion of your Savings Choice account will vest one year after your eligibility date or, if earlier, on the date of your death.

VESTING FOR SUPPLEMENTAL DC ACCOUNT UNDER PENSION CHOICE

If you remain actively employed, the employer portion of your supplemental account under the Pension Choice option will become vested when you have earned five years of service credit through UCRP¹¹ and/or through Savings Choice participation (before switching to Pension Choice) or, if earlier, on the date of your death. Savings Choice credit is applied towards vesting in the Supplemental DC Account upon the effective date of the Pension Choice election.

FORFEITURE OF NON-VESTED MONIES

Non-vested employer monies in a Savings Choice or supplemental savings account will be forfeited to the Plan upon the earlier of a distribution of all of your vested monies or after you have a 12-month period of severance.

¹¹ See pages 7 and 11 of the UCRP SPD for information about UCRP vesting and Refund of Accumulations.

Retiree Health Service Credit

Employees eligible for primary retirement benefits (such as Pension Choice or Savings Choice) accrue retiree health service credit, which is used to determine eligibility for retiree health benefits offered by UC. Retiree health benefits are not a vested benefit. That means these benefits are not guaranteed and that UC's contributions to the cost of the benefits may change or be discontinued at any time.

Retiree health and welfare benefits are subject to collective bargaining for current employees who are represented by a union.

Retiree health service credit is earned whenever you receive covered compensation for an eligible appointment once you have enrolled in either Pension Choice or Savings Choice. The maximum that you can earn for a year of full-time work is one year of retiree health service credit. Part-time or variable-time work results in a proportionate amount of retiree health service credit. For example, if you work 50 percent time for one year, you receive one-half year of retiree health service credit.

Savings Choice participants do not have the option to purchase retiree health service credit for any type of leave, or after forfeiting retiree health service credit from previous appointments by taking a full refund or rollover of their Savings Choice accumulations.

PARTIAL-YEAR CAREER APPOINTMENTS

If you work full time during a 9-, 10-, or 11-month partial-year appointment, you earn one year of retiree health service credit for each Plan year. If you work part time during a partial-year appointment, you earn proportionate retiree health service credit. For example, if you work 50 percent time during a partial-year appointment, you earn one-half year of retiree health service credit.

MILITARY LEAVE

If you return to University service in accordance with your reemployment rights following a military leave, you receive retiree health service credit for the time spent in uniformed service and for a period following uniformed service, provided you return to work when the leave ends and satisfy other applicable requirements.

You earn retiree health service credit for military leave at the same rate earned during the 12 months of continuous service just before the leave. For example, if you earned three-fourths of a year of retiree health service credit in the 12 months just before military leave, you will earn three-fourths of a year of retiree health service credit for a year of military leave.

The Retirement Administration Service Center or your local Benefits Offices can provide more information about establishing retiree health service credit for military leaves.

LEAVE WITHOUT PAY

You do not earn retiree health service credit during a leave without pay.

SABBATICAL OR PAID LEAVE

During a sabbatical or paid leave, you earn retiree health service credit in proportion to the percentage of full-time pay (i.e., covered compensation) you receive. For example, if you are on sabbatical leave at two-thirds pay for one year, you receive two-thirds of a year of retiree health service credit.

EXTENDED SICK LEAVE

You earn up to 80 percent of retiree health service credit for periods of extended sick leave during which you receive Workers' Compensation.

PAST SERVICE

If you have accumulated retiree health service credit as a Savings Choice participant and you leave UC, you can retain your retiree health service credit as long as you maintain some Savings Choice accumulations and an overall account balance of at least \$2,000 in the DC Plan. If you later return to UC and restart participation in Savings Choice, you can build on the retiree health service credit you accumulated during your initial period of employment.

If you take a full refund or rollover of Savings Choice accumulations before beginning retiree health benefits, or if you trigger an automatic distribution by letting your DC Plan account balance fall below \$2,000, you forfeit your accumulated retiree health service credit (and it cannot be restored if you return to UC).

DEFINITION OF RETIREMENT FOR SAVINGS CHOICE PARTICIPANTS

For Savings Choice participants, the date that retiree health benefits coverage begins is treated as the retirement date. Once retiree health benefits coverage has begun, Savings Choice participants can withdraw funds according to Plan rules without affecting their continuing eligibility for retiree health benefits. Savings Choice participants who begin receiving retiree health benefits are subject to all the rules for the re-employment of retired employees.

Distributions

Distribution timing rules vary depending on the participant's employment status.

Savings Choice Participants: Please see "Past Service" on page 36 before making a decision about taking a distribution of your DC Plan Savings Choice accumulations. If you take a full refund or rollover of Savings Choice accumulations before beginning retiree health benefits, or if you trigger an automatic distribution by letting your DC Plan account balance fall below \$2,000, you forfeit your accumulated retiree health service credit.

CURRENT UC EMPLOYEES

The Plan permits DC Plan Pretax Account distributions to current employees if they are 59½ or older. Pretax Account distributions are also permitted if you leave employment.

Current employees may take a distribution of money that they rolled over into the DC Plan from another employer-sponsored plan, including earnings on the amount rolled over (see "Rollovers: Into the Plan" on page 41).

FORMER EMPLOYEES

Former employees may take a distribution of the vested portion of their Pretax Account balance at any time. Participants who leave University employment have the following payment options for vested assets in the DC Plan:

- Leave the assets in the Plan if the vested Plan balance, including any After-Tax Account balance, totals at least \$2,000. Although participants may no longer contribute, they may transfer money among the investment fund options, subject to the transfer/exchange rules, and roll over money into the Plan.
- Take a full or partial distribution (payable to the participant or can be directly rolled over to a traditional IRA, Roth IRA or employer-sponsored plan).
- Arrange for systematic withdrawals. This option enables the participant to receive regular, periodic distributions without having to make a specific request for each one.

The following rules apply to distributions of small accounts after the participant has terminated UC employment:

- If the vested value of the participant's accumulations is less than \$2,000, but more than \$1,000, and the participant fails to provide distribution directions, the participant's vested accumulations will be rolled over to an IRA custodian designated by the Plan Administrator in an account maintained for the participant.
- If the vested value of the participant's accumulations is \$1,000 or less, and the participant fails to provide distribution

directions, the participant's vested accumulations will be paid directly to the participant at the address of record.

All distributions are subject to Fidelity Retirement Services and payroll deadlines. No distributions can be made until all payroll activity is complete, which can take from 31 to 60 days.

BENEFICIARIES

Participants should designate a beneficiary to receive their assets in the DC Plan in the event of death. A participant may not name one beneficiary to receive assets in the Pretax Account and another beneficiary to receive any assets in the After-Tax Account. Participants may, however, name more than one beneficiary and specify the percentage of the total Plan balance that each beneficiary is to receive. A beneficiary may be a person, trust or organization.

Subject to restrictions on small accounts, beneficiaries may elect to take their benefit as a lump sum or in periodic payments over a term that meets the Internal Revenue Code requirements on minimum distributions. If a beneficiary fails to make an election, the benefit will be distributed to the beneficiary in a lump sum by the last day of the calendar year in which the fifth anniversary of the participant's death occurs.

Spousal beneficiaries also have the option to roll over the taxable portion of money from the participant's account into a traditional IRA, a Roth IRA or to an employer plan that will accept a rollover, either directly or within 60 days of receipt of the distribution. Non-spouse beneficiaries may elect a direct rollover to an inherited traditional or Roth IRA.

If no beneficiary has been named, or if the beneficiary dies before the participant, the DC Plan rules require that any amount remaining be distributed to the participant's survivors in the following order of succession:

- Surviving spouse or surviving domestic partner or, if none,
- Surviving children, biological or adopted, on an equal-share basis (children of a deceased child share their parent's benefit) or, if none,
- Surviving parents on an equal-share basis or, if none,
- Brothers and sisters on an equal-share basis or, if none,
- The participant's estate

A will or trust does not supersede a designation of beneficiary, nor does either supersede the Plan's "default" beneficiary rules (described above) that apply in the absence of a valid beneficiary designation.

It is the participant's responsibility to keep information on beneficiaries, including addresses, up to date. The address of record is binding for all purposes of the DC Plan.

Distributions

You can name or change your beneficiary information by contacting Fidelity Retirement Services (866-682-7787 or netbenefits.com).

COMMUNITY PROPERTY

Married participants and registered domestic partners who designate someone other than their spouse or partner as a beneficiary may need to consider the spouse's or partner's community property rights. For residents of a community property state such as California, a designation of beneficiary may be subject to challenge if the spouse or partner would consequently receive less than the share of the benefit attributable to community property.

Procedures established for UCRP are used to determine whether a domestic partner is included in the order of succession above. Generally, the procedures require that an individual must be designated as a participant's domestic partner by one of four possible methods:

- Registration of the domestic partnership with California's Secretary of State
- Registration of a union, other than marriage, validly formed in another jurisdiction, that is substantially equivalent to a California domestic partnership or
- Enrollment of the domestic partner in UC-sponsored health benefits and successful completion of the eligibility verification process (note that enrolling your partner in benefits that do not require eligibility verification, including the Postdoctoral Scholars Benefit Program and the Graduate Student Health Insurance Plan, will not establish your partner as your survivor for UCRP benefits)
- Filing of a UC *Declaration of Domestic Partnership* form (UBEN 250) with the UCRP administration

If a member dies before filing a UC *Declaration of Domestic Partnership*, only documentation from the first three methods may be used to establish a domestic partnership.

TAXES ON DISTRIBUTIONS

A distribution from the DC Plan Pretax Account is generally taxed as ordinary income in the year it is issued. Note, however, that there are specific federal tax withholding rules that apply to all distributions from retirement savings and investment plans. For more information about the tax treatment of Plan distributions, read the special tax notice provided by Fidelity Retirement Services before requesting a distribution. The tax rules are quite complex; for this reason, participants considering a distribution from the Plan are strongly encouraged to consult a tax adviser.

Participants who choose to take a distribution are responsible for satisfying the distribution rules and for any tax consequences.

Distributions to participants are reported annually on IRS Form 1099-R, which is sent in January following the calendar year in which the distribution was issued.

EARLY DISTRIBUTION PENALTIES

In addition to being taxed as ordinary income, the taxable portion of distributions taken before age 59½ (early distributions) may be subject to nondeductible federal and state penalty taxes — currently a 10 percent federal tax and a 2.5 percent California state tax, unless:

- The distribution is made to a participant who leaves UC employment during or after the year the participant reaches age 55
- The participant is permanently disabled under IRS rules, or dies
- The participant receives a series of substantially equal distributions over the participant's life/life expectancy (or the lives/life expectancies of the participant's beneficiaries)
- The distribution does not exceed deductible medical expenses for the taxable year
- The distribution is paid to an alternate payee under a QDRO
- The distribution is made on account of certain tax levies or
- The distribution is made on account of other exceptions defined by the IRS

Early distribution penalties are not assessed when a distribution is paid. Participants who are subject to the penalties are responsible for reporting them to the IRS when they file their income tax returns.

MINIMUM REQUIRED DISTRIBUTIONS

Participants must begin receiving minimum distributions from the Plan by April 1 of the calendar year following the later of:

- The year in which they leave University employment
- The year in which they reach age 70½ (if born before July 1, 1949) or age 72 (if born on or after July 1, 1949)

Participants who do not receive minimum distributions by the required dates, or who receive less than the minimum amount the law requires, must pay a nondeductible 50 percent excise tax on the difference between the amount that should have been received and the amount received.

Minimum required distributions are not eligible for rollover.

Minimum required distributions are calculated in accordance with U.S. Treasury regulations.

DC Plan After-Tax Account Contributions

The information that follows pertains specifically to the DC Plan After-Tax Account.

All employees of UC and UC College of the Law, San Francisco (formerly Hastings) — except students who normally work fewer than 20 hours per week — are eligible to make voluntary contributions to the After-Tax Account.

Contributions to the After-Tax Account may be made only through payroll deduction and may only come from income paid through the UC payroll system. Contributions are not permitted from any other source.

Contributions to the After-Tax Account are deducted from your pay after income taxes have been deducted. Taxes on the investment earnings only are deferred until you withdraw the money.

LEAVES OF ABSENCE

Contributions to the After-Tax Account stop during a leave without pay and resume automatically at the same rate upon return to pay status, unless the participant cancels them.

For sabbatical leaves or administrative leaves with pay during which employees earn less than 100 percent of regular compensation, contributions continue in the same amount as elected before the leave. Because contributions remain the same while compensation decreases, it is important for participants to review their contribution amount before going on a paid leave.

Special rules may allow participants who return from military leave to “make up” After-Tax Account contributions that would have been credited to their account during the military leave. Local Benefits Offices can provide more information.

During paid vacation or sick leave, contributions continue in the same amount.

TERMINATION OF EMPLOYMENT

The options that are available to After-Tax Account participants who leave UC employment are described in “Distributions” on page 40.

REAPPOINTMENT

If you leave UC employment and are later rehired into an eligible position, you may begin contributing to the After-Tax Account again.

CONTRIBUTION AMOUNTS

The maximum amount participants may contribute annually to the After-Tax Account is determined by the IRC §415(c) limit. Generally, this amount is the lesser of:

- 100 percent of the participant’s adjusted gross UC salary or
- \$66,000 (in 2023)

This limit applies to all annual additions as defined in IRC §415(c) including employer contributions to the DC Plan and mandatory employee pretax contributions to the DC Plan. Note that contributions to Savings Choice or Pension Choice supplemental accounts may reduce the amount participants may contribute to the DC Plan After-Tax Account.

Participants may contribute to the After-Tax Account over 12 months or consolidate contributions in as few pay periods as desired. If you decide to consolidate contributions, however, you are responsible for canceling them once you reach your maximum annual contribution limit (see “Limitations on Compensation and Contributions” on page 35). Neither the University nor UC Human Resources is responsible for individual tax consequences if a participant’s after-tax payroll deductions exceed the 415(c) limit.

LIMITATIONS ON CONTRIBUTIONS

The limitations on contributions are described on page 35.

Distributions

Participants may take a full or partial distribution of their money in the After-Tax Account at any time.

Retiree and former employee participants have additional options for their money in the DC Plan (see “Distributions: Former Employees” on page 37).

TAXES ON DISTRIBUTIONS

The taxable portion of a distribution from the After-Tax Account is taxed as ordinary income in the year the distribution is issued. Participants may not take a distribution of contributions alone (the amount on which they have already paid taxes). Each distribution must include earnings in the same proportion that the earnings bear to contributions in the account. Therefore, unless the earnings are rolled over (or there is a net loss), all distributions are partially taxable.

As previously discussed, specific federal tax-withholding rules apply to all distributions from retirement savings plans. For more information about the tax treatment of After-Tax Account distributions, read the special tax notice provided by Fidelity Retirement Services before requesting a distribution. Participants considering a distribution from the After-Tax Account are also strongly encouraged to consult a tax adviser.

EARLY DISTRIBUTION PENALTIES

The early distribution penalties for the Pretax Account as described on page 38 also apply to the tax-deferred earnings portion of the DC Plan After-Tax Account.

MINIMUM REQUIRED DISTRIBUTIONS

The minimum distribution rules are described on page 38.

Additional DC Plan Information

INVESTMENT OPTIONS

Plan participants can choose from a broad range of professionally managed investment options that are monitored by the Office of the Chief Investment Officer of the Regents (OCIO) based on criteria established by the Regents. The UC Retirement Savings Program (UC RSP) fund menu includes the UC Pathway Funds, each of which adjusts its asset mix as the fund approaches its target date, plus additional investment funds that represent a comprehensive range of asset classes with different objectives and risk and return characteristics. Most funds offered on the UC RSP fund menu are designed to have lower expenses than many similar publicly traded mutual funds. A complete description of each of these options is available on netbenefits.com.

Participants may also invest in mutual funds that are not included in the UC RSP fund menu by opening a self-directed brokerage window account. Participants must agree to the terms and conditions that govern the account, including an acknowledgment of the risks involved and the special fees that may apply.

Information about investment objectives, risks, changes and expenses of all options is available, free of charge, from Fidelity Retirement Services (netbenefits.com or 866-682-7787).

PLAN ADMINISTRATION AND FEES

The Vice President of Human Resources is the Plan Administrator with responsibility for the day-to-day management and operation of the Plan. The Office of the Chief Investment Officer (OCIO) selects and monitors the investment options available under the Plan.

INVESTMENT MANAGEMENT FEES

Funds that are included in the UC RSP fund menu charge an investment management fee (i.e., expense ratio), which is netted from the investment experience of the funds. There are no front-end or deferred sales loads or other marketing expenses charged by funds that are included in the UC RSP fund menu.

ADMINISTRATIVE FEES

A quarterly fee will be deducted from your account balance for administrative services. The administrative services fee covers expenses for recordkeeping services for your account(s), communications, financial education, internal UC staff support for the Plan, and other non-investment services. If you have more than one Retirement Savings Program account (for example, a 403(b) Plan account and a DC Plan account), you will be charged only one administrative services fee per quarter.

ROLLOVERS: INTO THE PLAN

Participants may move eligible retirement funds from a previous employer plan or an IRA to the DC Plan via a rollover. The DC Plan accepts rollovers of pretax distributions from:

- Other employer-sponsored plans, including 401(a), 401(k), 403(b) and governmental 457(b) plans
- Lump sum cashouts and CAP distributions from the UC Retirement Plan
- Traditional IRAs

The DC Plan also accepts direct rollovers of after-tax amounts from 401(a), 401(k) and 403(b) plans.

To roll over money directly from another employer-sponsored plan to UC's DC Plan, the participant must arrange to have the former plan's trustee or plan administrator write a check for the distribution, payable to "Fidelity Investments Institutional Operations Company, Inc. (FIIOC)." As long as the check is payable directly to FIIOC (not to the participant), no taxes will be withheld from the distribution, and the money will retain its tax-deferred status.

If a participant takes a distribution from a former employer's plan, including UCRP, and the check is payable to the participant, the participant can also roll over the taxable portion of the money into the DC Plan, as long as the rollover is made within 60 days after receiving the distribution. To roll over 100 percent of the taxable portion of the distribution, the participant must replace from personal savings or other sources an amount equal to the taxes that were withheld when the distribution was issued.

ROLLOVERS: FROM THE PLAN

Virtually all DC Plan pretax distributions are eligible for direct rollover (payable to a traditional IRA or another employer plan). As long as the check for the distribution is payable directly to the employer plan or IRA custodian, no taxes will be withheld and the money will retain its tax-deferred status. If made payable to the participant, distributions are subject to mandatory 20 percent federal tax withholding. Distributions made to non-spouse beneficiaries are eligible for direct rollovers to an inherited IRA.

DC Plan after-tax distributions are eligible for direct rollovers to certain employer plans and conversion rollovers to a Roth IRA.¹²

Participants may also roll over an eligible DC Plan distribution that has been paid to them, as long as the rollover to the IRA or new plan occurs within 60 days of receipt of the distribution. A

¹² It is recommended that participants considering a conversion rollover to a Roth IRA consult with a financial or tax adviser.

participant who wants to roll over 100 percent of the distribution must replace from personal savings or other sources an amount equal to the taxes that were withheld when the distribution was issued. Any amount not rolled over will be taxed as ordinary income for the year in which the distribution was issued. It may also be subject to the early distribution penalties.

DC Plan distributions that are not eligible for direct rollover include:

- Minimum required distributions
- Refunds of excess contributions (plus investment earnings) to the After-Tax Account and
- Systematic withdrawals

ACCOUNT ACTIVITY

To help participants better understand the Plan's benefits and effectively manage their accounts, Fidelity Retirement Services provides personalized account information via two electronic sources.

- Participants who have Internet access can find current, comprehensive information about their accounts and make certain online Plan transactions by visiting the Fidelity Retirement Services website (netbenefits.com).
- Participants can retrieve personal financial information about their accounts and make transactions on the Fidelity Retirement Services toll-free telephone line (866-682-7787).

Annual reports containing audited financial statements are available on the UC Office of the President website (ucop.edu/investment-office) or from the UC Retirement Administration Service Center (see inside front cover).

Plan summaries are available on UCnet, the Fidelity Retirement Services website or from your local Benefit Offices or the UC Retirement Administration Service Center.

Participants may view the University of California Defined Contribution Plan document online (ucal.us/UCRSdocuments).

Participants should read the complete descriptions of the investment funds and accompanying Plan materials before making any investment decisions.

All notices or communications to a participant or beneficiary will be effective when sent by first-class mail or conveyed electronically to the participant's address of record. The University and the Regents are entitled to rely exclusively upon any notices, communications or instructions issued in writing or electronically conveyed by UC Human Resources that are believed to be genuine and to have been properly executed.

Additional DC Plan Information

CLAIMS PROCEDURES

If Fidelity Retirement Services is unable to verify a claimant's right to a benefit within a short period of time, the claimant will be notified of the need to forward a written request to the attention of the UC Contract Administrator, UC Human Resources, P.O. Box 24570, Oakland, CA 94623-1570, who will review the claim on behalf of the Plan Administrator. The request should include all relevant information. Within 90 days of receipt of the request, the contract administrator will approve or disapprove the claim. If the claim is denied, the contract administrator will notify the claimant in writing, setting forth the specific reasons for the denial and providing specific references to the plan provisions on which the denial is based. The contract administrator also will describe any additional material or information needed to perfect the claim and provide an explanation of the DC Plan's review procedures.

If the claimant's request is denied by the contract administrator, the claimant may submit a written request for an independent review by the Plan Administrator within 60 days of receiving the denial. The request for an independent review should be forwarded to the Plan Administrator, P.O. Box 24570, Oakland, CA 94623-1570. The request should be accompanied by all supporting documentation. The Plan Administrator may require the claimant to submit additional documentation within 30 days of a written request. The Plan Administrator will make a full review of the request within 120 days of the date the appeal was filed, unless the circumstances require a longer period. If the Plan Administrator upholds the contract administrator's denial, the Plan Administrator will notify the claimant. The decision of the Plan Administrator will be final and conclusive on all persons.

If, after exhausting administrative appeal procedures, the claimant still believes that a benefit has been improperly paid or denied, the claimant has the right to initiate legal proceedings.

For service of process, send to The Regents of the University of California, Trustee of the Defined Contribution Plan, c/o UC Legal — Office of the General Counsel, 1111 Franklin Street, Oakland, CA 94706.

PLAN CHANGES

The Plan is subject to change and to independent audit to comply with applicable federal and state statutes, IRC regulations and industry standards. Participants are notified whenever substantive changes to the Plan occur. Although the Plan is expected to continue indefinitely, the Regents reserve the right to amend, improve or terminate the Plan at any time.

ASSIGNMENT OF BENEFITS

Generally, DC Plan benefits payable to participants, beneficiaries or survivors cannot be attached by creditors, nor can anyone receiving benefits assign payments to others. Plan benefits are intended solely for the benefit of participants and their beneficiaries and survivors.

There are some legal exceptions. For example, the IRS may attach retirement benefits to collect unpaid taxes, or a court may order certain benefits to be paid for child or spousal support.

QUALIFIED DOMESTIC RELATIONS ORDERS (QDROS)

A court may award Plan assets to the participant's spouse or former spouse or the participant's dependent. This usually will occur in connection with a divorce or legal separation. In such cases, the domestic relations order must be approved, or qualified, as being in compliance with state law and with the Plan.

Both spouses and the court have the right to request information about the benefits earned by the participant during the marital period and how those benefits are derived, as well as information about the options available to non-participants. To obtain a copy of the QDRO procedures, contact Fidelity Retirement Services (netbenefits.com or 866-682-7787).

California law has established procedures for dividing property in connection with the termination of a state-registered domestic partnership. For more information, call Fidelity Retirement Services.

Employee Information Statement

INELIGIBLE ACCOUNTS RETAINED BY UC

The DC Plan does not permit a participant whose vested accumulations have a value of less than \$2,000 to remain in the DC Plan after leaving UC employment. In order to facilitate the conversion to the new record keeper in July 2005, the UC Residual Accounts group retained administration of ineligible accounts of participants who terminated UC employment before July 1, 2005, with small balances as follows:

Accumulations of less than \$50 on June 30, 2005: For participants who failed to provide timely distribution directions or confirm their location, accumulations were forfeited as of June 30, 2005. The forfeited amounts will be used to defray reasonable Plan expenses and to restore a participant's previously forfeited accumulations, plus interest, if the participant subsequently files a valid claim and provides distribution directions.

Accumulations of \$50 or more but less than \$2,000 on June 30, 2005: For participants who failed to provide timely distribution directions, the investment options in the participant's account were liquidated as of June 30, 2005, and an account was established on the participant's behalf. The aggregated assets of all such accounts were then invested in the UC Savings Fund in order to preserve principal, and a proportionate share was allocated to each account. The UC Residual Accounts group will maintain such accounts until such time as the participant's location can be confirmed and distribution made. Each account is credited with monthly interest at a fixed rate.

Accumulations of \$1,000 or more as of Oct. 23, 2008: The participant's accumulations were transferred to an IRA custodian or trustee selected by the Plan Administrator to be held on behalf of the participant.

If you think you may be entitled to funds in an ineligible account, contact the UC Retirement Administration Service Center at 800-888-8267.

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The DC Plan assets are invested in accordance with the participant's instructions; if no instructions are given, assets are invested in the UC Pathway Fund with a target date near the participant's expected retirement date. Participants should periodically review whether their objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax adviser or financial planner may help to achieve better supplemental retirement savings.

Neither the Regents, the Chief Investment Officer, the Plan Administrator nor any officer or affiliated officer of the University makes any recommendation to participants for building supplemental retirement savings, and the various options available for the investment of contributions should not be construed in any respect as a judgment regarding the prudence or advisability of such investments or as tax advice. Neither the Regents, the Chief Investment Officer, the Plan Administrator nor Fidelity Retirement Services bear any fiduciary liability for any losses resulting from a participant's investment instructions. The Plan Administrator reserves the right to refuse to implement any investment instruction from a participant that violates Plan rules or IRC provisions.

All elections concerning contributions to the DC Plan are subject to payroll transaction and fund valuation deadlines.

Neither the University, the Chief Investment Officer, the Plan Administrator nor any officer or affiliated officer shall be responsible in any way for the purpose, propriety or tax treatment of any contribution or distribution (or any other action or nonaction) taken pursuant to the direction of a Plan participant, beneficiary, executor or administrator, or a court of competent jurisdiction. Although the Regents, the Chief Investment Officer, the Plan Administrator, and officers and affiliated officers shall have no responsibility to give effect to a decision from anyone other than the Plan participant, beneficiary, executor or administrator, they reserve the right to take appropriate action, including termination and/or disbursement of a participant's account, to protect the Plan from losing its tax-advantaged status for any event that violates Plan rules or applicable IRC provisions.

Tax-Deferred 403(b) Plan: Plan Summary

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Introduction

The 403(b) Plan is a defined contribution plan described under §403(b) of the Internal Revenue Code (the IRC). Future benefits from the 403(b) Plan will be comprised of contributions made to the 403(b) Plan plus investment earnings. Vesting on all contributions and related earnings is immediate.

Employees who want to voluntarily participate in the 403(b) Plan designate a portion of their gross salary to be contributed on a pretax basis, thus reducing the participant's taxable income. Mandatory employee pretax and University contributions are made to the 403(b) Plan for eligible academic appointees who earn summer salary. Taxes on contributions and any investment earnings are deferred (that is, postponed) until the participant withdraws the money.

The designated Plan Administrator of the 403(b) Plan is the Vice President, Human Resources (VP-HR). The Office of the Chief Investment Officer (OCIO) is responsible for monitoring a broad range of professionally managed investment options available to Plan participants. Currently, Fidelity Retirement Services performs recordkeeping duties. The relevant contact information is on the inside front cover. The Plan Administrator administers the 403(b) Plan for the sole benefit of Plan participants and their beneficiaries. Participants may also want to consult a tax adviser or financial planner before enrolling to make voluntary contributions. Individual investment strategies should reflect the participant's personal savings goals and tolerance for financial risk. UC, the Regents, the Office of the Chief Investment Officer, UC Human Resources and Fidelity Retirement Services are not liable for any loss that may result from participants' investment decisions. This plan summary reflects Plan provisions as in effect Jan. 1, 2023.

Eligibility

All employees of UC and UC College of the Law, San Francisco (formerly Hastings) — except students who normally work fewer than 20 hours per week — are eligible to participate in the 403(b) Plan. An employee begins participation when contributions are made to the 403(b) Plan on the employee's behalf. An employee or former employee continues participation until all funds held on the employee's behalf are distributed.

The provisions of the Plan are subject to collective bargaining for represented employees.

ELIGIBILITY FOR ACADEMIC APPOINTEES

Compensation that many academic appointees receive for summer session teaching or research is not considered covered compensation for determining primary retirement benefits. Therefore, effective Nov. 1, 2016, the Plan contains a provision to provide employer and employee contributions to the 403(b) Plan Pretax Account based on eligible summer salary. Prior to Nov. 1, 2016, eligible summer salary contributions were made to the DC Plan Pretax Account. Summer salary amounts in the DC Plan Pretax Account as of Oct. 31, 2016, remain in the DC Plan until distributed.

Eligible academic appointees are those who:

- Have academic year appointments;
- Are active members of UCRP or Savings Choice (or who are eligible to become such members but have not yet begun participating in a primary retirement benefit option); and
- Earn eligible summer salary that is paid in accordance with Academic Personnel Policy 600 and which is compensation that is not covered compensation for calculating primary retirement benefits.

Eligible summer salary includes compensation for:

- Summer teaching
- Summer research
- Summer administrative service (generally payments to department chairs, vice chairs, etc., for administrative duties paid as "1/9ths")

Salary paid for teaching University Extension courses is not eligible for summer salary contributions.

Contributions

Employee mandatory and voluntary pretax salary deferral contributions to the 403(b) Plan come only from income paid through the UC payroll system. Employees may also roll over money from other qualified employer-sponsored plans, including the taxable portion of a lump sum or CAP distribution from the University of California Retirement Plan (UCRP; see "Rollovers: Into the Plan" on page 56).

Contributions to the 403(b) Plan are reported annually on employees' W-2 forms, but are not included in income subject to taxation.

Employee mandatory and voluntary pretax salary deferral contributions are deducted from gross salary (after certain pretax deductions including medical plan premiums), and income taxes are calculated on remaining pay (after all pretax deductions have been applied). Although employee pretax contributions reduce taxable income, they do not reduce any other salary-related University benefits such as vacation or sick leave, life or disability insurance benefits, or benefits payable from UCRP.

VOLUNTARY CONTRIBUTIONS

Upon enrollment to make voluntary pretax salary deferral contributions, participants choose the flat dollar amount or percentage of salary that they will contribute through payroll (generally monthly or biweekly) up to their maximum annual contribution amount. Under the percentage method, contributions change proportionately as the participant's salary changes.

If a participant transfers employment from one UC location to another UC location, any voluntary salary deferral election will stop automatically. The participant must re-enroll at the new location (currently through Fidelity) to continue contributions.

ACADEMIC APPOINTEE SUMMER SALARY CONTRIBUTIONS

The total contribution rate under this provision is 7 percent of eligible summer salary, which includes a mandatory employee pretax contribution of 3.5 percent and a University contribution of 3.5 percent (eligible summer salary is limited to $\frac{1}{4}$ the IRC annual earnings limit, see page 17). The University contribution is funded by the same source that provides the academic appointee's summer salary.

LEAVES OF ABSENCE

Contributions stop during a leave without pay and resume automatically at the same rate upon return to pay status unless the participant cancels them (voluntary contributions only).

For sabbatical leaves or administrative leaves with pay during which employees earn less than 100 percent of regular compensation, voluntary contributions continue in the same amount or percentage as elected before the leave unless the participant makes a change. Because voluntary contributions remain the same while compensation decreases, it is important for participants to review their voluntary contribution amount before going on a paid leave.

Special rules may allow participants who return from military leave to “make up” contributions that would have been credited to their accounts during the military leave. Local Benefits Offices can provide more information.

During paid vacation or sick leave, contributions continue unchanged.

TERMINATION OF EMPLOYMENT

If a participant leaves UC employment, contributions stop automatically. The payment options available for a participant’s accumulations are described in “Distributions, Former Employees” (see page 53).

REAPPOINTMENT

If a participant leaves UC employment or retires and is later rehired into an eligible position, the participant may begin contributing to the Plan again. Mandatory summer salary contributions will also resume.

ANNUAL CONTRIBUTION LIMITS

The Internal Revenue Code (IRC) limits the amount participants may voluntarily defer annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits (see “Excess Salary Reductions,” below).

For 2023, the 403(b) Plan contribution limits on voluntary pretax salary deferral contributions are as follows:

Regular contribution limit: \$22,500¹³

Participants who are age 50 or older any time during the year: \$30,000¹³

To contribute the maximum amount, participants should check the limits and adjust their contributions for each calendar year accordingly.

SPECIAL CATCH-UP PROVISION

A special catch-up provision may allow participants to make additional salary deferral contributions if, as of the preceding calendar year:

- The participant has 15 or more full years of UC employment and
- The participant’s cumulative 403(b) Plan contributions (not including investment earnings) total less than \$5,000 times years of UC employment

The special catch-up provision allows additional contributions up to a maximum of \$3,000 per year. Total cumulative special catch-up contributions under this provision are limited to \$15,000. For participants age 50 and older, the first \$3,000 of any salary deferrals contributed each year in excess of the under-age 50 limit is counted as a special catch-up contribution until they are no longer eligible to make these contributions. Participants who want to maximize 403(b) Plan contributions should take advantage of the special catch-up provision as soon as possible after completing 15 years of service.

EXCESS SALARY REDUCTIONS

UC’s payroll system monitors 403(b) Plan voluntary pretax salary deferral contributions: a participant’s deferral contributions will stop automatically if they reach the IRC deferral limit before the end of the year. As a result, there is little chance of overcontributing. In limited circumstances, however, excess salary reductions may be made — if, for example, a participant contributes to a tax-advantaged plan with another employer.

¹³ Or 100 percent of adjusted gross salary, if less. Adjusted gross salary for any year is a participant’s gross University salary (including any shift differential, summer or equivalent term salary, health science faculty income over the base professorial salary, stipends and overtime), minus any required pretax contributions to other retirement plans (for example, mandatory contributions to the UC Defined Contribution Plan or to UCRP) and any pretax payments for UCRP (to establish, reestablish or convert prior periods of service credit or to eliminate the noncontributory offset).

Contributions

If participants think they have overcontributed but have not been contacted, or if they contribute to a tax-advantaged plan with another employer during the year, they should call Fidelity Retirement Services before the end of the year (or by March 1 of the following year) to request a refund.

The IRC requires that excess salary reductions in any calendar year be refunded to the participant by April 15 of the following year to avoid tax penalties. If the excess is refunded by April 15, the excess is treated as ordinary income for the year in which the salary reductions were made. The refund will also reflect any earnings (or loss) generated by the excess salary reductions during that year. The earnings must be reported on tax returns for the year in which the refund is paid. For example, if a participant receives a refund of 2023 excess contributions in 2023, all amounts should be reported on tax returns for 2023. If the participant receives the refund in 2024, however, the excess contributions should be reported on 2023 tax returns and any earnings on tax returns for 2024.

Refunds of excess contributions and earnings are not eligible for rollover, nor are they subject to the penalty taxes on early distributions (see “Early Distribution Penalties” on page 54).

If an excess contribution is not refunded by April 15, the excess amount must remain in the Plan. The participant must still report the excess as ordinary income for the year in which the contributions were made. In addition, the excess amount will again be taxable as ordinary income in the year in which the participant receives a distribution that includes these funds. In other words, excess contributions that are not refunded by the April 15 deadline are taxed twice. If the participant is under age 59½ when the distribution occurs, the excess may be subject to the early distribution penalty as well.

The IRC annual limit on pretax salary deferral contributions applies across all 403(b)/401(k) plans to which a participant contributes. The participant should consult a tax adviser on the applicable limitations on contributions.

INVESTMENT OF CONTRIBUTIONS

Participants choose the investment options in which they want to invest their contributions. The investment options are explained on page 55.

Subject to payroll deadlines, participants may start, stop or change the amount of their voluntary deferral contributions to the Plan at any time on the Fidelity Retirement Services website or by calling Fidelity at 866-682-7787. They also may redirect future 403(b) Plan voluntary or mandatory contributions to one or more of the investment options and/or exchange (transfer) accumulations in the Plan among the investment options at any time. Direct transfers between certain investment options may be prohibited. See the Fidelity Retirement Services website (netbenefits.com) for more information.

403(b) Plan Loan Program

403(b) Plan Loan Program policies and guidelines conform to applicable IRC provisions and are subject to termination or change by the Plan Administrator and various governing authorities without prior notice.

Participants are eligible to borrow from their 403(b) Plan accumulations (excluding amounts attributable to summer salary contributions) if they are active UC employees with at least \$1,000 in the Plan.

403(b) Plan loans are secured by a promissory note. As each repayment is credited back to the account, earnings accrue to the participant's accumulations.

Loan proceeds will be taken pro rata across the participant's fund holdings unless the participant contacts Fidelity at 866-682-7787 to specify the funds from which the loan should be taken.

Important note — the decision to voluntarily participate in the 403(b) Plan represents a conscious commitment to save for retirement years, and participants should borrow from the 403(b) Plan only if it is absolutely necessary. Although participants are not penalized if they take a 403(b) Plan loan, they do risk the loss of earning potential.

LOAN TERMS AND BORROWING LIMITS

Loans are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend for a term of up to 15 years (principal residence loans). Before taking a loan from the 403(b) Plan to purchase a principal residence, participants should consult a tax adviser.¹⁴

Participants may have one general-purpose loan and one principal-residence loan outstanding at any given time; they may take one general-purpose loan and one principal-residence loan during any 12-month period.

Depending on the combined Retirement Savings Program (Defined Contribution Plan, 403(b) Plan and 457(b) Deferred Compensation Plan) balance, the participant may borrow from \$1,000 to \$50,000 as follows:

If Retirement Savings Program Vested Balance is:	Loan Limit is:
\$1,000 to \$20,000	\$10,000, or 100% of 403(b) Plan balance (minus any current outstanding loan balance and not including any balance attributable to summer salary contributions), if less than \$10,000.
\$20,000 & over	\$50,000 ¹⁵ , 50% of combined Retirement Savings Program vested balance or 100% of 403(b) Plan balance (minus any current outstanding loan balance and not including any balance attributable to summer salary contributions), whichever is less.

INTEREST RATES AND ADMINISTRATIVE FEES

Interest rates for the Loan Program are determined quarterly, based on the prime rate plus 1 percent. The interest rate is fixed when the loan is granted and remains the same throughout the loan term.

A nonrefundable loan initiation fee of \$35 will be deducted from the Plan balance at the end of the quarter in which the loan is taken. A \$15 annual maintenance fee is deducted (\$3.75 per quarter) for the life of the loan.

REPAYMENT

Participants generally repay their loans through automatic after-tax payroll deduction. Monthly payments of principal and interest are credited proportionately among the investment options the participant has elected for future contributions. The minimum monthly payment is \$50, and the minimum repayment term is 12 months. The maximum repayment term is 60 months — or up to 180 months (15 years) if the loan is used to buy a principal residence.

Participants may prepay part or all of the outstanding loan balance.

¹⁴ Interest on 403(b) Plan loans is not deductible for income tax purposes; therefore, a conventional home mortgage loan may be more advantageous for participants purchasing a principal residence.

¹⁵ \$50,000 is the maximum amount of principal that a participant may borrow or have outstanding during any 12-month period. Further, the total amount of all outstanding 403(b) Plan loans within a 12-month period will affect the maximum amount that a participant may borrow during that period, even if the participant has paid off all amounts owed. The \$50,000 maximum is reduced by the total of any 403(b) loan balances outstanding during the preceding 12 months.

403(b) Plan Loan Program

Participants with a 403(b) Plan loan who retire, leave UC employment, go on approved leave without pay, go on furlough or temporary layoff, or otherwise have a change in pay status that affects their payroll deduction loan payments must arrange for one of the following options with Fidelity Retirement Services within 90 days of their last day on pay status:

- Make monthly payments
- Make full payment in advance for the period off pay status (not applicable to retirees) or
- Repay the outstanding loan amount in full

For employees returning from an approved leave without pay, Fidelity Retirement Services will automatically reamortize the outstanding loan balance, which may increase the amount of the monthly payment. Note: the total number of payments cannot exceed the term maximum (60 months for general purpose loans, 180 months for principal-residence loans).

If the loan defaults, the outstanding principal will be treated as a taxable distribution.

Please note: Fidelity Retirement Services cannot accept personal checks. Payments must be made by electronic funds transfer or by certified check.

If a participant dies before repaying a loan in full and the outstanding loan principal is not paid within 90 days of the participant's death, any outstanding principal will be treated as a taxable distribution.

Generally, for any circumstance in which either a loan payment or outstanding balance is not repaid when it is due or within 90 days, the loan will be considered in default. If the default is not resolved within the 90-day period, the loan will be canceled and any outstanding principal will be treated as a taxable distribution from the 403(b) Plan.

Borrowers who go on approved leave or military leave may elect to suspend loan payments for a certain period, arrange to continue monthly payments (which may involve an interest rate adjustment), prepay their loan or pay off the loan. These options should be elected before the leave is effective. Contact Fidelity Retirement Services for more information.

Distributions of outstanding loan principal will be subject to ordinary income taxes and may also be subject to federal and state penalty taxes on early distributions (before age 59½). Fidelity Retirement Services will issue a Form 1099-R reporting the amount of the distribution. Taxes and penalties, if applicable, should be reported when the participant files tax returns. A participant will not be able to take additional loans from the 403(b) Plan while a loan is in default.

Distributions

Distribution rules vary depending on the participant's employment status.

CURRENT UC EMPLOYEES

The IRC restricts 403(b) Plan in-service distributions of accumulations to current employees. In general, an employee may not take a distribution of Plan accumulations, unless an in-service employee:

- Has attained age 59½ or
- Experienced a hardship as described in the next section

HARDSHIP DISTRIBUTIONS

Employees may be able to take a hardship distribution on account of an immediate and heavy financial need. To be eligible for a hardship distribution, an employee must have exhausted all other financial resources — including a distribution of any money in the DC Plan After-Tax Account. The employee must also certify that the distribution is being taken for at least one of the following reasons:

- Eligible medical expenses
- The purchase of a principal residence (excluding mortgage payments)
- Tuition payments and/or room and board for the next 12 months of post-secondary education for the employee, the employee's spouse, primary beneficiary, child or dependents
- Payments necessary to prevent foreclosure on the mortgage of, or eviction from, a principal residence
- Burial and/or funeral expenses for a family member
- Loss or damage as a result of a natural disaster (for example, earthquake, flood, fire)
- Expenses and/or losses (including loss of income) due to a disaster declared by the Federal Emergency Management Agency (FEMA) as eligible for individual assistance, provided the employee's principal residence or principal place of employment was in the area designated by FEMA at the time of the disaster, or
- Other circumstances determined by the Internal Revenue Service

Participants who request a hardship distribution that exceeds \$10,000 or who make multiple hardship distribution requests within a 12-month period must provide proof of hardship to Fidelity Retirement Services. Fidelity Retirement Services and the IRS rules may also require proof of hardship for certain other hardship distribution requests.

Hardship distributions will include only the participant's **voluntary** 403(b) Plan contributions. (Exception — contributions rolled over into the 403(b) Plan from a former employer plan may also be included if necessary to satisfy the request.) Any earnings on the contributions must remain in the Plan.

A hardship distribution is generally taxed as ordinary income in the year in which it is issued and may not be rolled over to an IRA or any other retirement account. In accordance with IRS regulations, Fidelity Retirement Services will withhold 10 percent for federal taxes and 1 percent for California state taxes (unless the participant elects no withholding). Early distribution penalties may apply.

There are specific federal tax-withholding rules that apply to all distributions from retirement and savings plans (see "Taxes on Distributions" on page 54).

FORMER EMPLOYEES

Participants who leave UC employment have the following options for assets in the 403(b) Plan:

- Leave the assets in the Plan if the Plan balance totals at least \$2,000, subject to minimum required distribution rules. Although participants may no longer contribute, they may transfer funds among the investment options, subject to the transfer/exchange rules, and roll over money into the Plan.
- Take a full or partial distribution (payable to the participant or directly rolled over to a traditional IRA, a Roth IRA or employer-sponsored plan); see page 54 for information on early distributions.
- Arrange for systematic withdrawals. This option enables the participant to receive regular, periodic distributions without having to make a specific request for each one.

If the participant's assets are less than \$2,000, the participant must take a distribution or roll the funds over to an IRA or another employer-sponsored plan.

In general, participants cannot request a distribution until 31 days after their employment ends. However, the 31-day period is waived for participants in the voluntary 403(b) Plan who are age 59½ or older.

All distributions are subject to Fidelity Retirement Services and payroll deadlines. No distributions can be made until all payroll activity is complete, which can take from 31 to 60 days.

The following Plan rules apply to distributions of small accounts after the participant has terminated UC employment:

If the value of the participant's accumulations is less than \$2,000, but more than \$1,000, and the participant fails to provide distribution directions, the participant's accumulations will be rolled over to an IRA custodian designated by the Plan Administrator in an account maintained for the participant.

If the value of the participant's accumulations is \$1,000 or less, and the participant fails to provide distribution directions, the participant's accumulations shall be paid directly to the participant at the address of record.

BENEFICIARIES

Participants should designate a beneficiary to receive their accumulations in the 403(b) Plan in the event of their death. Participants may name more than one beneficiary and specify the percentage of the Plan balance that each beneficiary is to receive. A beneficiary may be a person, trust or organization.

Subject to restrictions on small accounts, a beneficiary may elect to take the benefit as a lump sum or in periodic payments over a term that meets the Internal Revenue Code requirements on minimum distributions. If a beneficiary fails to make an election, the benefit will be distributed to the beneficiary in a lump sum by the last day of the calendar year in which the fifth anniversary of the participant's death occurs.

A deceased participant's beneficiary (the participant's beneficiary) may also designate a beneficiary (beneficiary's beneficiary) to receive the balance in the deceased participant's account if the participant's beneficiary dies before taking a total distribution. The beneficiary's beneficiary must decide how they want money to be distributed within nine months of the death of the participant's beneficiary.

Distributions

If no beneficiary has been named, or if the beneficiary dies before the participant, the 403(b) Plan “default” beneficiary designation rules require that any amount remaining be distributed to the participant’s survivors in the following order of succession:

- Surviving spouse or surviving domestic partner or, if none,
- Surviving children, biological or adopted, on an equal-share basis (children of a deceased child share their parent’s benefit) or, if none,
- Surviving parents on an equal-share basis or, if none,
- Brothers and sisters on an equal-share basis or, if none,
- The participant’s estate

A will or trust does not supersede a designation of beneficiary, nor does either supersede the Plan’s “default” beneficiary rules (described above) that apply in the absence of a valid beneficiary designation.

It is the participant’s responsibility to keep information on beneficiaries, including addresses, up to date. You can name or change your beneficiary information by contacting Fidelity Retirement Services (netbenefits.com or 866-682-7787). The address of record is binding for all purposes of the 403(b) Plan.

COMMUNITY PROPERTY

Married participants and registered domestic partners who designate someone other than their spouse or partner as a beneficiary may need to consider the spouse’s or partner’s community property rights. For residents of a community property state such as California, a designation of beneficiary may be subject to challenge if the spouse or partner would consequently receive less than the share of the benefit attributable to community property.

Procedures established for the University of California Retirement Plan (UCRP) are used to determine whether a domestic partner is included in the order of succession above. Generally, the procedures require that an individual must be designated as a participant’s domestic partner by one of four possible methods:

- Registration of the domestic partnership with California’s Secretary of State
- Registration of a union, other than marriage, validly formed in another jurisdiction, that is substantially equivalent to a California domestic partnership or
- Enrollment of the domestic partner in UC-sponsored health benefits and successful completion of the eligibility verification process (note that enrolling your partner in benefits that do not require eligibility verification, including the Postdoctoral Scholars Benefit Program and the Graduate Student Health Insurance Plan, will not establish your partner as your survivor for UCRP benefits)
- Filing of a UC *Declaration of Domestic Partnership* form (UBEN 250) and supporting documentation with the UCRP administration

If a member dies before filing a UC *Declaration of Domestic Partnership*, only documents from the first three methods may be used to establish a domestic partnership.

TAXES ON DISTRIBUTIONS

A distribution from the 403(b) Plan is generally taxed as ordinary income in the year it is issued. Note, however, that there are specific federal tax-withholding rules that apply to all distributions from retirement savings and investment plans. For more information about the tax treatment of Plan distributions, read the special tax notice provided by Fidelity Retirement Services before requesting a distribution. The tax rules are quite complex; for these reasons, participants considering a distribution from the Plan are strongly encouraged to consult a tax adviser.

Participants who choose to take a distribution are responsible for satisfying the distribution rules and for any tax consequences.

Distributions to participants are reported annually on IRS Form 1099-R, which are sent in January following the calendar year in which the distribution was issued.

EARLY DISTRIBUTION PENALTIES

In addition to being taxed as ordinary income, distributions taken before age 59½ (early distributions) may be subject to nondeductible federal and state penalty taxes — currently a 10 percent federal tax and a 2.5 percent California state tax, unless:

- The distribution is made to a participant who leaves UC employment during or after the year the participant reaches age 55
- The participant is permanently disabled under IRS rules or dies
- The participant receives a series of substantially equal distributions over the participant’s life/life expectancy (or the lives/life expectancies of the participant’s beneficiaries)
- The distribution does not exceed deductible medical expenses for the taxable year
- The distribution is paid to an alternate payee under a QDRO
- The distribution is made on account of certain tax levies or
- The distribution is made on account of other exceptions defined by the IRS

Early distribution penalties are not assessed when a distribution is paid. Participants who are subject to the penalties are responsible for reporting them to the IRS when they file their income tax returns.

MINIMUM REQUIRED DISTRIBUTIONS

Participants must begin receiving minimum distributions from the Plan by April 1 of the calendar year following the later of:

- The year in which they leave University employment
- The year in which they reach age 70½ (if born before July 1, 1949) or age 72 (if born on or after July 1, 1949)

Participants who do not receive minimum distributions by the required dates, or who receive less than the minimum amount the law requires, must pay a nondeductible 50 percent excise tax on the difference between the amount that should have been received and the amount received.

Minimum required distributions are not eligible for rollover.

Minimum required distributions are calculated in accordance with U.S. Treasury regulations.

Additional 403(b) Plan Information

INVESTMENT OPTIONS

Plan participants can choose from a broad range of professionally managed investment options that are monitored by the Office of the Chief Investment Officer of the Regents (OCIO) based on criteria established by the Regents. The UC Retirement Savings Program (UC RSP) fund menu includes the UC Pathway Funds, each of which adjusts its asset mix as the fund approaches its target date, plus additional investment funds that represent a comprehensive range of asset classes with different objectives and risk and return characteristics. Most funds offered on the UC RSP fund menu are designed to have lower expenses than many similar publicly traded mutual funds. A complete description of each of these options is available on netbenefits.com.

Participants may also invest in mutual funds that are not included in the UC RSP fund menu by opening a self-directed brokerage window account. Participants must agree to the terms and conditions that govern the account, including an acknowledgment of the risks involved and the special fees that may apply.

Information about investment objectives, risks, changes and expenses of all options is available, free of charge, from Fidelity Retirement Services (netbenefits.com or 866-682-7787).

PLAN ADMINISTRATION AND FEES

The Vice President of Human Resources is the Plan Administrator with responsibility for the day-to-day management and operation of the Plan. The Office of the Chief Investment Officer (OCIO) selects and monitors the investment options available under the Plan.

INVESTMENT MANAGEMENT FEES

Funds that are included in the UC RSP fund menu charge an investment management fee (i.e., expense ratio), which is netted from the investment experience of the funds. There are no front-end or deferred sales loads or other marketing expenses charged by funds that are included in the UC RSP fund menu.

ADMINISTRATIVE FEES

Effective June 1, 2017, a quarterly fee will be deducted from your account balance for administrative services. The administrative services fee covers expenses for recordkeeping services for your account(s), communications, financial education, internal UC staff support for the Plan, and other non-investment services. If you have more than one Retirement Savings Program account (for example, a 403(b) Plan account and a DC Plan account), you will be charged only one administrative services fee per quarter.

Additional 403(b) Plan Information

LOAN FEES

Fidelity charges a \$35.00 fee for the initiation of a plan loan and \$15.00 per year (\$3.75 charged quarterly) for the ongoing administration of an outstanding loan. The fees paid by participants for the origination of a plan loan or for the ongoing administration of an outstanding loan will be deposited to a Plan Expense Account and used by UC to offset the recordkeeping fees charged by Fidelity Retirement Services.

ROLLOVERS: INTO THE PLAN

Participants may move eligible retirement funds from a previous employer plan or an IRA to the 403(b) Plan via a rollover. The 403(b) Plan accepts rollovers of pretax distributions from:

- Other employer-sponsored plans, including 401(a), 401(k), 403(b) and governmental 457(b) Plans
- Lump sum cashouts and CAP distributions from the UC Retirement Plan
- Traditional IRAs

The Plan also accepts direct rollovers of after-tax amounts from other 403(b) plans, 401(a) plans (including UCRP) and 401(k) plans.

To roll over money directly from another employer-sponsored plan to UC's 403(b) Plan, the participant must arrange to have the plan's custodian or plan administrator write a check for the distribution, payable to "Fidelity Investments Institutional Operations Company, Inc. (FIIOC)." As long as the check is payable directly to FIIOC (not to the participant), no taxes should be withheld from the distribution, and the pretax funds will retain their tax-deferred status.

Employees who are eligible to participate in the 403(b) Plan may execute a rollover (and become Plan participants) even if they have not yet begun contributing to the Plan through payroll deductions.

Former employees who did not participate in the 403(b) Plan are not eligible to roll over funds into the Plan, except for eligible distributions from UCRP of \$2,000 or more.

If a participant takes a distribution from a former employer's plan, including UCRP, and the check is payable to the participant, the participant can also roll over the taxable portion of the money into the 403(b) Plan, as long as the rollover is made within 60 days after receiving the distribution. To roll over 100 percent of the taxable portion of the distribution, the participant must replace, from personal savings or other sources, an amount equal to the taxes that were withheld when the distribution was issued.

ROLLOVERS: FROM THE PLAN

All 403(b) Plan distributions except those listed below are eligible for direct rollover (distribution made payable to a traditional IRA, a Roth IRA or another employer plan). As long as the check for the distribution is payable directly to the plan, no taxes should be withheld and the funds will retain tax-deferred status. If a direct rollover is to a Roth IRA, the pretax portion of the rollover will be reported as taxable income in the year of distribution.¹⁶ If made payable to the participant, taxable distributions are subject to mandatory 20 percent federal tax withholding.

Participants may also roll over an eligible 403(b) Plan distribution consisting of pretax funds that has been paid to them, as long as the rollover to the IRA or new plan occurs within 60 days of receipt of the distribution. A participant who wants to roll over 100 percent of the distribution must replace, from personal savings or other sources, an amount equal to the taxes that were withheld when the distribution was issued. Any amount not rolled over will be taxed as ordinary income for the year in which the distribution was issued. It may also be subject to the early distribution penalties.

403(b) Plan distributions that are not eligible for rollover include:

- Minimum required distributions
- Refunds of excess contributions (plus earnings)
- Systematic withdrawals and
- Hardship distributions

Distributions made to non-spouse beneficiaries are eligible only for a direct rollover and only to an inherited IRA.

For more information about the tax treatment of rollovers, read the special tax notice available from Fidelity Retirement Services.

¹⁶ It is recommended that participants considering a rollover to a Roth IRA consult with a financial or tax adviser.

ACCOUNT ACTIVITY

To help participants better understand the Plan's benefits and effectively manage their accounts, Fidelity Retirement Services, on behalf of UC Human Resources, provides personalized account information via two electronic sources.

- Participants who have Internet access can find current, comprehensive information about their accounts and make certain online Plan transactions by visiting the Fidelity Retirement Services website (netbenefits.com).
- Participants can retrieve personal financial information about their accounts and make transactions on the Fidelity Retirement Services toll-free telephone line (866-682-7787).

Annual reports containing audited financial statements are available on the UC Office of the President website (ucop.edu/investment-office) or from the UC Retirement Administration Service Center.

Plan summaries are available on UCnet, the Fidelity Retirement Services website or from your local Benefits Office or the UC Retirement Administration Service Center.

Participants may view the University of California Tax-Deferred 403(b) Plan document online (ucal.us/UCRSdocuments).

Participants should read the complete descriptions of the investment funds and accompanying Plan materials before making any investment decisions.

All notices or communications to a participant or a beneficiary will be effective when sent by first-class mail or conveyed electronically to the participant's address of record. The University and the Regents are entitled to rely exclusively upon any notices, communications or instructions issued in writing or electronically conveyed by UC Human Resources that are believed to be genuine and to have been properly executed.

CLAIMS PROCEDURES

If Fidelity Retirement Services is unable to verify a claimant's right to a benefit within a short period of time, the claimant will be notified of the need to forward a written request to the attention of the UC Contract Administrator, UC Human Resources, P.O. Box 24570, Oakland, CA 94623-1570, who will review the claim on behalf of the Plan Administrator. The request should include all relevant information. Within 90 days of receipt of the request, the contract administrator will approve or disapprove the claim. If the claim is denied, the contract administrator will notify the claimant in writing, setting forth the specific reasons for the denial and providing specific references to the plan provisions on which the denial is based. The contract administrator also will describe any additional material or information needed to perfect the claim and provide an explanation of the 403(b) Plan's review procedures.

If the claimant's request is denied by the contract administrator, the claimant may submit a written request for an independent review by the Plan Administrator within 60 days of receiving the denial. The request for an independent review should be forwarded to the Plan Administrator, P.O. Box 24570, Oakland, CA 94623-1570. The request should be accompanied by all supporting documentation. The Plan Administrator may require the claimant to submit additional documentation within 30 days of a written request. The Plan Administrator will make a full review of the request within 120 days of the date the appeal was filed, unless the circumstances require a longer period. If the Plan Administrator upholds the contract administrator's denial, the Plan Administrator will notify the claimant. The decision of the Plan Administrator will be final and conclusive on all persons.

If, after exhausting administrative appeal procedures, the claimant still believes that a benefit has been improperly paid or denied, the claimant has the right to initiate legal proceedings.

For service of process, send to:

The Regents of the University of California
Trustee of the Tax-Deferred 403(b) Plan
c/o UC Legal—Office of the General Counsel
1111 Franklin Street
Oakland, CA 94706

Additional 403(b) Plan Information

PLAN CHANGES

The Plan is subject to change and to independent audit to comply with applicable federal and state statutes, IRC regulations and industry standards. Participants are notified whenever substantive changes to the Plan occur. Although the Plan is expected to continue indefinitely, the Regents reserve the right to amend or terminate the Plan at any time.

ASSIGNMENT OF BENEFITS

Generally, 403(b) Plan benefits payable to participants, beneficiaries or survivors cannot be attached by creditors, nor can anyone receiving benefits assign payments to others. Plan benefits are intended solely for the benefit of participants and their beneficiaries and survivors.

There are some exceptions. For example, the IRS may attach retirement benefits to collect unpaid taxes, or a court may order certain benefits to be paid for child or spousal support.

QUALIFIED DOMESTIC RELATIONS ORDERS (QDROS)

A court may award Plan assets to the participant's spouse or former spouse or the participant's dependent. This usually will occur in connection with a divorce or legal separation. In such cases, the domestic relations order must be approved, or qualified, as being in compliance with state law and with the Plan.

Both spouses and the court have the right to request information about the benefits earned by the participant during the marital period and how those benefits are derived, as well as information about the options available to non-participants. To obtain a copy of the QDRO procedures, contact Fidelity Retirement Services (netbenefits.com or 866-682-7787).

California law has established procedures for dividing property in connection with the termination of a state-registered domestic partnership. For more information, call Fidelity Retirement Services.

INELIGIBLE ACCOUNTS RETAINED BY UC

The 403(b) Plan does not permit a participant whose vested accumulations have a value of less than \$2,000 to remain in the 403(b) Plan after leaving UC employment. In order to facilitate the conversion to the new record keeper in July 2005, the UC Residual Accounts group retained administration of ineligible accounts of participants who terminated UC employment before July 1, 2005, with small balances as follows:

Accumulations of less than \$50 on June 30, 2005: For participants who failed to provide timely distribution directions or confirm their location, accumulations were forfeited as of June 30, 2005. The forfeited amounts will be used to defray reasonable plan expenses and to restore a participant's previously forfeited accumulations, plus interest, if the participant subsequently files a valid claim and provides distribution directions.

Accumulations of \$50 or more but less than \$2,000 on June 30, 2005: For participants who failed to provide timely distribution directions, the investment options in the participant's account were liquidated as of June 30, 2005, and an account was established on the participant's behalf. The aggregated assets of all such accounts were then invested in the UC Savings Fund in order to preserve principal, and a proportionate share allocated to each account. The UC Residual Accounts group will maintain such accounts until such time as the participant's location can be confirmed and distribution made. Each account is credited with monthly interest at a fixed rate.

Accumulations of \$1,000 or more as of Oct. 23, 2008: The participant's accumulations were transferred to an IRA custodian or trustee selected by the Plan Administrator to be held on behalf of the participant.

If you think you may be entitled to funds in an ineligible account, contact the UC Retirement Administration Service Center at 800-888-8267.

Employee Information Statement

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) Plan assets are invested in accordance with the participant's instructions; if no instructions are given, assets are invested in the UC Pathway Fund with a target date near the participant's expected retirement date. Participants should periodically review whether their objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax adviser or financial planner may help to achieve better supplemental retirement savings.

Neither the Regents, the Chief Investment Officer, the Plan Administrator nor any officer or affiliated officer of the University makes any recommendation to participants for building supplemental retirement savings, and the various options available for the investment of contributions should not be construed in any respect as a judgment regarding the prudence or advisability of such investments or as tax advice. Neither the Regents, the Chief Investment Officer, the Plan Administrator nor Fidelity Retirement Services bear any fiduciary liability for any losses resulting from a participant's investment instructions. The Plan Administrator reserves the right to refuse to implement any investment instruction from a participant that violates Plan rules or IRC provisions.

All elections concerning contributions to the 403(b) Plan are subject to payroll transaction and fund valuation deadlines.

Neither the University, the Chief Investment Officer, the Plan Administrator nor any officer or affiliated officer shall be responsible in any way for the purpose, propriety or tax treatment of any contribution or distribution (or any other action or nonaction) taken pursuant to the direction of a Plan participant, beneficiary, executor or administrator, or a court of competent jurisdiction. Although the Regents, the Chief Investment Officer, the Plan Administrator, and officers and affiliated officers shall have no responsibility to give effect to a decision from anyone other than the Plan participant, beneficiary, executor or administrator, they reserve the right to take appropriate action, including termination and/or disbursement of a participant's account, to protect the Plan from losing its tax-advantaged status for any event that violates Plan rules or applicable IRC provisions.

457(b) Deferred Compensation Plan: Plan Summary

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Introduction

The 457(b) Plan is a deferred compensation plan described under §457(b) of the Internal Revenue Code (the IRC). Future benefits from the 457(b) Plan will reflect the amount of a participant's voluntary salary deferral contributions plus earnings. Vesting is immediate.

Employees who want to participate in the 457(b) Plan designate a portion of their gross salary to be contributed on a pretax basis, thus reducing the participant's taxable income. Taxes on contributions and any earnings are deferred (that is, postponed) until the participant withdraws the money.

The designated Plan Administrator of the 457(b) Plan is the Vice President, Human Resources (VP-HR). The Office of the Chief Investment Officer (OCIO) is responsible for monitoring a broad range of professionally managed investment options available to Plan participants. Currently, Fidelity Retirement Services performs recordkeeping duties. The relevant contact information is on the inside front cover. The Plan Administrator administers the 457(b) Plan for the sole benefit of Plan participants and their beneficiaries. Participation is voluntary and should be based on the participant's financial objectives and resources. Individual investment strategies should reflect the participant's personal savings goals and tolerance for financial risk. Participants may also want to consult a tax adviser or financial planner before enrolling. UC, the Regents, the Office of the Chief Investment Officer, UC Human Resources and Fidelity Retirement Services are not liable for any loss that may result from participants' investment decisions. This plan summary reflects Plan provisions as in effect Jan. 1, 2023.

Eligibility

All employees of UC and UC College of the Law, San Francisco (formerly Hastings) — except students who normally work fewer than 20 hours per week — are eligible to participate in the 457(b) Plan. An employee begins participation when contributions are made to the 457(b) Plan on the employee's behalf. An employee or former employee continues participation until all funds held on the employee's behalf are distributed.

The provisions of the Plan are subject to collective bargaining for represented employees.

Contributions

Pretax salary deferral contributions to the 457(b) Plan may come only from income paid through the UC payroll system. Employees may also roll over money from other employer-sponsored plans, including the taxable portion of a lump sum or CAP distribution from the University of California Retirement Plan (UCRP; see “Rollovers: Into the Plan,” page 70).

According to IRS rules, enrollment in the 457(b) Plan cannot go into effect immediately. Enrollment affects earnings for the month following enrollment and the first deduction is taken from the paycheck on the first of the subsequent month. For example, if a participant enrolls in January, the first deduction is taken from February earnings and is reflected in the March 1 paycheck.

Contributions to the 457(b) Plan are reported annually on employees' W-2 forms, but are not included in income subject to taxation.

457(b) Plan salary deferral contributions are deducted from gross salary (after certain pretax deductions including medical plan premiums), and income taxes are calculated on remaining pay (after all pretax deductions have been applied). Although 457(b) Plan salary deferral contributions reduce taxable income, they do not reduce any other salary-related University benefits such as vacation or sick leave, life or disability insurance benefits, or benefits payable from UCRP.

Upon enrollment, participants choose the flat dollar amount or percentage of salary that they will contribute through payroll (generally monthly or biweekly) up to their maximum annual contribution amount. Under the percentage method, contributions change proportionately as the participant's salary changes.

LEAVES OF ABSENCE

Contributions stop during a leave without pay and resume automatically at the same rate upon return to pay status unless the participant cancels them.

For sabbatical leaves or administrative leaves with pay during which employees earn less than 100 percent of regular compensation, contributions continue in the same amount or percentage (see “Contributions,” page 64) as elected before the leave unless the participant makes a change. Because contributions remain the same while compensation decreases, it is important for participants to review their contribution amount before going on a paid leave.

Special rules may allow participants who return from military leave to “make up” contributions that would have been credited to their accounts during the military leave. Local Benefits Offices can provide more information.

During paid vacation or sick leave, contributions continue unchanged.

TERMINATION OF EMPLOYMENT

If a participant leaves UC employment, salary deferral contributions stop automatically. The payment options available for a participant’s accumulations are described in “Distributions: Former Employees” (see page 67).

REAPPOINTMENT

If a participant leaves UC employment or retires and is later rehired into an eligible position, the participant may begin contributing to the Plan again.

MAXIMUM ANNUAL CONTRIBUTION LIMITS

The IRC limits the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits (see “Excess Salary Reductions” on page 66).

For 2023, the 457(b) Plan contribution limits on voluntary pretax salary deferral contributions are as follows:

Regular contribution limit: \$22,500¹⁷

Participants who are age 50 or older any time during the year: \$30,000¹⁷

To contribute the maximum amount, participants should check the limits and adjust their contributions for each calendar year accordingly.

SPECIAL CATCH-UP PROVISION

A special catch-up provision allows eligible participants to make additional contributions in one or more of the three consecutive years ending before the year of the participant’s elected retirement age. The elected retirement age can be any age between 60 (50 for safety employees) and 70½.

For 2023, the total amount the participant can contribute using the special catch-up limit is the lesser of two amounts:¹⁸

- Twice the regular contribution limit for 2023 ($\$22,500 \times 2 = \$45,000$) or
- The regular contribution limit for 2023 plus the difference between previous years’ regular contribution limits and the actual contributions made during those years (the unused contribution capacity)¹⁹

¹⁷ Or 100 percent of adjusted gross salary, if less. Adjusted gross salary for any year is a participant’s gross University salary (including any shift differential, summer or equivalent term salary, health science faculty income over the base professorial salary, stipends and overtime), minus any required pretax contributions to other retirement plans (for example, mandatory contributions to the UC Defined Contribution Plan or to UCRP) and any pretax payments for UCRP (to establish, reestablish or convert prior periods of service credit or to eliminate the noncontributory offset).

¹⁸ Participants who take advantage of this special provision cannot also take advantage of the over-age-50 provision; they must choose whichever provides the higher contribution amount.

¹⁹ The calculation can include only those years in which the participant was eligible to contribute to the Plan, which was established in 2004.

Contributions

Here is an example showing contribution limits and annual contributions since 2020 for a hypothetical employee:

	2020	2021	2022
Regular contribution limits	\$19,500	\$19,500	\$20,500
Participant contributions	\$15,000	\$15,000	\$15,000
Unused eligible contribution capacity	\$4,500	\$4,500	\$5,500
Cumulative unused contribution capacity:			\$14,500
Regular 2023 contribution limit:			\$22,500
Total amount the participant can contribute in 2023:			\$37,000

In subsequent years, the special catch-up limit must be reduced to reflect any unused contribution capacity that has already been taken into account in calculating a special catch-up provision.

EXCESS SALARY REDUCTIONS

UC's payroll system monitors 457(b) Plan contributions, and a participant's pretax salary deferral contributions will stop automatically if they reach the applicable limit before the end of the year. As a result, there is little chance of overcontributing. In limited circumstances, however, excess salary reductions may be made — if, for example, a participant contributes to a 457(b) plan with another employer.

If participants think they have overcontributed but have not been contacted, or if they contribute to a 457(b) plan with another employer during the year, they should call Fidelity Retirement Services before the end of the year (or by March 1 of the following year) to request a refund.

The IRC requires that excess salary reductions in any calendar year be refunded to the participant by April 15 of the following year to avoid tax penalties. If the excess is refunded by April 15, the excess is treated as ordinary income for the year in which the salary reductions were made. The refund will also reflect any earnings (or loss) generated by the excess salary reductions during that year. The earnings must be reported on tax returns for the year in which the refund is paid. For example, if a participant receives a refund of 2023 excess contributions in 2023, all amounts should be reported on tax returns for 2023. If the participant receives the refund in 2024, however, the excess contributions should be reported on 2023 tax returns and any earnings on tax returns for 2024.

Refunds of excess contributions and earnings are not eligible for rollover, nor are they subject to the penalty taxes on early distributions (see "Early Distribution Penalties" on page 69).

If an excess contribution is not refunded by April 15, the excess amount must remain in the Plan. The participant must still report the excess as ordinary income for the year in which the contributions were made. In addition, the excess amount will again be taxable as ordinary income in the year in which the participant receives a distribution that includes these funds. In other words, excess contributions that are not refunded by the April 15 deadline are taxed twice.

If, during a year, contributions for the participant are made to another plan over which the participant has control, or a participant makes salary deferral contributions to another plan (other than a 457(b)), the participant should consult a tax adviser on the applicable limitations on contributions.

INVESTMENT OF CONTRIBUTIONS

Participants choose the investment options in which they want to invest their contributions. The investment options are explained on page 69.

Subject to payroll deadlines, participants may start, stop or change the amount of their contributions to the Plan at any time on the Fidelity Retirement Services website. They also may redirect future 457(b) Plan contributions to one or more of the investment options and/or exchange (transfer) accumulations in the Plan among the investment options at any time. Direct exchanges between certain investment options may be prohibited. See the Fidelity Retirement Services website (netbenefits.com) for more information.

Distributions

Distribution rules vary depending on the participant's employment status.

CURRENT UC EMPLOYEES

The IRC restricts the 457(b) Plan in-service distributions made to current employees. In general, an employee may take a distribution of plan accumulations if **any of the following** apply:

- Voluntary in-service withdrawal of the total balance is allowed once if the balance is less than \$5,000 and no contributions have been made in the past two years and the employee has never taken another distribution except an unforeseeable emergency withdrawal
- Attainment of age 59½ or
- An unforeseeable emergency as described below

UNFORESEEABLE EMERGENCY WITHDRAWAL

Participants may be able to take a withdrawal on account of an unforeseeable emergency resulting from:

- An illness or accident involving the participant or the participant's beneficiary or the spouse of the participant or the participant's beneficiary or a dependent of the participant or the participant's beneficiary
- Loss of property due to casualty or
- Other similar, extraordinary and unforeseeable circumstances arising from events beyond the control of the participant

The unforeseeable emergency withdrawal may not be in excess of the amount reasonably needed to satisfy the participant's or beneficiary's emergency need. The participant must first satisfy the need using other available financial resources including:

- Insurance reimbursements
- Cessation of salary deferral contributions to the 457(b) Plan, and the University of California Tax-Deferred 403(b) Plan, and the Defined Contribution Plan After-Tax Account
- A 403(b) Plan loan
- Withdrawal of eligible monies from the UC Defined Contribution Plan or
- Liquidation of other assets, to the extent the liquidation does not itself cause severe financial hardship

After taking an unforeseeable emergency withdrawal, a participant may not make voluntary contributions to the 457(b) Plan, the 403(b) Plan or the DC Plan for six months.

A withdrawal is generally taxed as ordinary income in the year in which it is issued. In accordance with IRS regulations, Fidelity Retirement Services will withhold 10 percent for federal taxes and 1 percent for California state taxes (unless the participant elects no withholding).

There are specific federal tax withholding rules that apply to all distributions from retirement and savings plans (see "Taxes on Distributions" on page 68).

FORMER EMPLOYEES

Participants who leave UC employment have the following payment options for assets in the 457(b) Plan:

- Leave the assets in the Plan if the Plan balance totals at least \$2,000, subject to minimum required distribution rules. Although participants may no longer contribute, they may transfer funds among the investment options, subject to the transfer/exchange rules and roll over money into the Plan.
- Take a full or partial distribution (payable to the participant or directly rolled over to a traditional IRA, a Roth IRA or employer-sponsored plan); see page 69 for information on early distributions.
- Arrange for systematic withdrawals. This option enables the participant to receive regular, periodic distributions without having to make a specific request for each one.

The following Plan rules apply to distributions of small accounts after the participant has terminated UC employment:

If the value of the participant's accumulations is less than \$2,000, but more than \$1,000, and the participant fails to provide distribution directions, the participant's accumulations will be rolled over to an IRA custodian designated by the Plan Administrator in an account maintained for the participant.

If the value of the participant's accumulations is \$1,000 or less, and the participant fails to provide distribution directions, the participant's accumulations shall be paid directly to the participant at the address of record.

All distributions are subject to Fidelity Retirement Services and payroll deadlines. No distributions can be made until all payroll activity is complete, which can take from 31 to 60 days.

Distributions

BENEFICIARIES

Participants should designate a beneficiary to receive their accumulations in the 457(b) Plan in the event of their death. Participants may name more than one beneficiary and specify the percentage of the Plan balance that each beneficiary is to receive. A beneficiary may be a person, trustee or organization.

Subject to restrictions on small accounts, a beneficiary may elect to take the benefit as a lump sum or in periodic payments over a term that meets the Internal Revenue Code requirements on minimum distributions. If a beneficiary fails to make an election, the benefit will be distributed to the beneficiary in a lump sum by the last day of the calendar year that contains the fifth anniversary of the participant's death.

A deceased participant's beneficiary (the participant's beneficiary) may also designate a beneficiary (beneficiary's beneficiary) to receive the balance in the deceased participant's account if the participant's beneficiary dies before taking a total distribution. The beneficiary's beneficiary must decide how they want money to be distributed within nine months of the death of the participant's beneficiary.

If no beneficiary has been named, or if the beneficiary dies before the participant, any amount remaining will be distributed to the participant's eligible survivors in the following order of succession:

- Surviving spouse or domestic partner or, if none,
- Surviving children, biological or adopted, on an equal-share basis (children of a deceased child share their parent's benefit) or, if none,
- Surviving parents on an equal-share basis or, if none,
- Brothers and sisters on an equal-share basis or, if none,
- The participant's estate

A will or trust does not supersede a designation of beneficiary, nor does either supersede the Plan's "default" beneficiary rules (described above) that apply in the absence of a valid beneficiary designation.

It is the participant's responsibility to keep information on beneficiaries, including addresses, up to date. You can name or change your beneficiary information by contacting Fidelity Retirement Services (netbenefits.com or 866-682-7787). The address of record is binding for all purposes of the 457(b) Plan.

COMMUNITY PROPERTY

Married participants and registered domestic partners who designate someone other than their legal spouse or partner as a beneficiary may need to consider the spouse's or partner's community property rights. For residents of a community property state such as California, a designation of beneficiary may be subject to challenge if the spouse or partner would consequently receive less than the share of the benefit attributable to community property.

Procedures established for the University of California Retirement Plan (UCRP) are used to determine whether a domestic partner is included in the order of succession above. Generally, procedures require that an individual must be designated as a participant's domestic partner by one of four possible methods:

- Registration of the domestic partnership with California's Secretary of State
- Registration of a union, other than marriage, validly formed in another jurisdiction, that is substantially equivalent to a California domestic partnership or
- Enrollment of the domestic partner in UC-sponsored health benefits and successful completion of the eligibility verification process (note that enrolling your partner in benefits that do not require eligibility verification, including the Postdoctoral Scholars Benefit Program and the Graduate Student Health Insurance Plan, will not establish your partner as your survivor for UCRP benefits)
- Filing of a *UC Declaration of Domestic Partnership* form (UBEN 250) with the UCRP administration.

If a member dies before filing a *UC Declaration of Domestic Partnership*, only documents from the first three methods may be used to establish a domestic partnership under the Plan.

TAXES ON DISTRIBUTIONS

A distribution from the 457(b) Plan is generally taxed as ordinary income in the year it is issued. Note, however, that there are specific federal tax withholding rules that apply to all distributions from retirement savings and investment plans. For more information about the tax treatment of Plan distributions, read the special tax notice provided by Fidelity Retirement Services before requesting a distribution. The tax rules are quite complex; for these reasons, participants considering a distribution from the Plan are strongly encouraged to consult a tax adviser.

Participants who choose to take a distribution are responsible for satisfying the distribution rules and for any tax consequences.

Distributions to participants are reported annually on IRS Form 1099-R, which are sent in January following the calendar year in which the distribution was issued.

EARLY DISTRIBUTION PENALTIES

Distributions from 457(b) plans are generally not subject to the early distribution penalties that may apply to distributions from other types of retirement plans. If, however, an amount is rolled over from another type of retirement plan, such as a 403(b) plan or a tax-qualified 401(a) plan, to the 457(b) Plan, any distributions attributable to the rolled over amount that are made before a participant attains age 59½ may be subject to federal and state penalty taxes unless an exception applies.

Early distribution penalties are not assessed when a distribution is paid. Participants who are subject to the penalties are responsible for reporting them to the IRS when they file their income tax returns.

MINIMUM REQUIRED DISTRIBUTIONS

Participants must begin receiving minimum distributions from the Plan by April 1 of the calendar year following the later of:

- The year in which they leave University employment
- The year in which they reach age 70½ (if born before July 1, 1949) or age 72 (if born on or after July 1, 1949)

Participants who do not receive minimum distributions by the required dates, or who receive less than the minimum amount the law requires, must pay a nondeductible 50 percent excise tax on the difference between the amount that should have been received and the amount received.

Minimum required distributions are not eligible for rollover.

Minimum required distributions are calculated in accordance with U.S. Treasury regulations.

Additional 457(b) Plan Information

INVESTMENT OPTIONS

Plan participants can choose from a broad range of professionally managed investment options that are monitored by the Office of the Chief Investment Officer of the Regents (OCIO) based on criteria established by the Regents. The UC Retirement Savings Program (UC RSP) fund menu includes the UC Pathway Funds, each of which adjusts its asset mix as the fund approaches its target date, plus additional investment funds that represent a comprehensive range of asset classes with different objectives and risk and return characteristics. Most funds offered on the UC RSP fund menu are designed to have lower expenses than many similar publicly traded mutual funds. A complete description of each of these options is available on netbenefits.com.

Participants may also invest in mutual funds that are not included in the UC RSP fund menu by opening a self-directed brokerage window account. Participants must agree to the terms and conditions that govern the account, including an acknowledgment of the risks involved and the special fees that may apply.

Information about investment objectives, risks, changes and expenses of all options is available, free of charge, from Fidelity Retirement Services (netbenefits.com or 866-682-7787).

PLAN ADMINISTRATION AND FEES

The Vice President of Human Resources is the Plan Administrator with responsibility for the day-to-day management and operation of the Plan. The Office of the Chief Investment Officer (OCIO) selects and monitors the investment options available under the Plan.

INVESTMENT MANAGEMENT FEES

Funds that are included in the UC RSP fund menu charge an investment management fee (i.e., expense ratio), which is netted from the investment experience of the funds. There are no front-end or deferred sales loads or other marketing expenses charged by funds that are included in the UC RSP fund menu.

ADMINISTRATIVE FEES

A quarterly fee will be deducted from your account balance for administrative services. The administrative services fee covers expenses for recordkeeping services for your account(s), communications, financial education, internal UC staff support for the Plan, and other non-investment services. If you have more than one Retirement Savings Program account (for example, a 457(b) Plan account and a DC Plan account), you will be charged only one administrative services fee per quarter.

Additional 457(b) Plan Information

ROLLOVERS: INTO THE PLAN

Participants may move eligible retirement funds from a previous employer plan or an IRA to the 457(b) Plan via a rollover. The 457(b) Plan accepts rollovers of pretax distributions from:

- Other employer-sponsored plans, including 401(a), 401(k), 403(b) and governmental 457(b) Plans and/or
- Lump sum cashouts and Capital Accumulation Payment (CAP) distributions from the UC Retirement Plan
- Traditional IRAs

The 457(b) Plan does not accept rollovers of after-tax distributions. To roll over money directly from another employer-sponsored plan to UC's 457(b) Plan, the participant must arrange to have the plan's custodian or plan administrator write a check for the distribution, payable to "Fidelity Investments Institutional Operations Company, Inc. (FIIOC)." As long as the check is payable directly to FIIOC (not to the participant), no taxes should be withheld from the distribution, and the pretax funds will retain their tax-deferred status.

Employees who are eligible to participate in the 457(b) Plan may execute a rollover (and become Plan participants) even if they have not yet begun contributing to the Plan through payroll deductions.

Former employees who did not participate in the 457(b) Plan are not eligible to roll over funds into the Plan, except for eligible distributions from UCRP of \$2,000 or more.

If a participant takes a distribution from a former employer plan, including UCRP, and the check is payable to the participant, the participant can also roll over the taxable portion of the money into the 457(b) Plan, as long as the rollover is made within 60 days after receiving the distribution. To roll over 100 percent of the taxable portion of the distribution, the participant must replace from personal savings or other sources an amount equal to the taxes that were withheld when the distribution was issued.

ROLLOVERS: FROM THE PLAN

All 457(b) Plan distributions except those listed below are eligible for direct rollover (distribution made payable to a traditional IRA, a Roth IRA or another employer plan). As long as the check for the distribution is payable directly to the plan, no taxes should be withheld and the funds will retain tax-deferred status. If a direct rollover is to a Roth IRA, the pretax portion of the rollover will be reported as taxable income in the year of distribution.²⁰ If made payable to the participant, taxable distributions are subject to mandatory 20 percent federal tax withholding.

Participants may also roll over an eligible 457(b) Plan distribution consisting of pretax funds that has been paid to them, as long as the rollover to the IRA or new plan occurs within 60 days of receipt of the distribution. A participant who wants to roll over 100 percent of the distribution must replace from personal savings or other sources an amount equal to the taxes that were withheld when the distribution was issued. Any amount not rolled over will be taxed as ordinary income for the year in which the distribution was issued. It may also be subject to the early distribution penalties if the distribution is attributable to a rollover from a plan subject to the early distribution penalties.

457(b) Plan distributions that are not eligible for rollover include:

- Minimum required distributions
- Refunds of excess contributions (plus earnings)
- Systematic withdrawals and
- Unforeseen emergency withdrawals

Distributions made to non-spouse beneficiaries are eligible only for direct rollover and only to an inherited IRA.

For more information about the tax treatment of rollovers, read the special tax notice available from Fidelity Retirement Services.

²⁰ It is recommended that participants considering a rollover to a Roth IRA consult with a financial or tax adviser.

ACCOUNT ACTIVITY

To help participants better understand the Plan's benefits and effectively manage their accounts, Fidelity Retirement Services, on behalf of UC Human Resources, provides personalized account information via two electronic sources.

- Participants who have Internet access can find current, comprehensive information about their accounts and make certain online Plan transactions by visiting the Fidelity Retirement Services website (netbenefits.com).
- Participants can retrieve personal financial information about their accounts and make transactions on the Fidelity Retirement Services toll-free telephone line (866-682-7787).

Annual reports containing audited financial statements are available on the UC Office of the President website (ucop.edu/investment-office) or from the UC Retirement Administration Service Center.

Plan summaries are available on UCnet, the Fidelity Retirement Services website or from your local Benefits Office or the UC Retirement Administration Service Center.

Participants may view the University of California Tax-Deferred 457(b) Plan document online (ucal.us/UCRSdocuments).

Participants should read the complete descriptions of the investment funds and accompanying Plan materials before making any investment decisions.

All notices or communications to a participant or a beneficiary will be effective when sent by first-class mail or conveyed electronically to the participant's address of record. The University and the Regents are entitled to rely exclusively upon any notices, communications or instructions issued in writing or electronically conveyed by UC Human Resources that are believed to be genuine and to have been properly executed.

CLAIMS PROCEDURES

If Fidelity Retirement Services is unable to verify a claimant's right to a benefit within a short period of time, the claimant will be notified of the need to forward a written request to the attention of the UC Contract Administrator, UC Human Resources, P.O. Box 24570, Oakland, CA 94623-1570, who will review the claim on behalf of the Plan Administrator. The request should include all relevant information. Within 90 days of receipt of the request, the contract administrator will approve or disapprove the claim. If the claim is denied, the contract administrator will notify the claimant in writing, setting forth the specific reasons for the denial and providing specific references to the plan provisions on which the denial is based. The contract administrator also will describe any additional material or information needed to perfect the claim and provide an explanation of the 457(b) Plan's review procedures.

If the claimant's request is denied by the contract administrator, the claimant may submit a written request for an independent review by the Plan Administrator within 60 days of receiving the denial. The request for an independent review should be forwarded to the Plan Administrator, P.O. Box 24570, Oakland, CA 94623-1570. The request should be accompanied by all supporting documentation. The Plan Administrator may require the claimant to submit additional documentation within 30 days of a written request. The Plan Administrator will make a full review of the request within 120 days of the date the appeal was filed, unless the circumstances require a longer period. If the Plan Administrator upholds the contract administrator's denial, the Plan Administrator will notify the claimant. The decision of the Plan Administrator will be final and conclusive on all persons.

If, after exhausting administrative appeal procedures, the claimant still believes that a benefit has been improperly paid or denied, the claimant has the right to initiate legal proceedings.

For service of process, send to:

The Regents of the University of California,
Trustee of the 457(b) Plan, c/o UC Legal—Office of the General Counsel, 1111 Franklin Street, Oakland, CA 94706.

PLAN CHANGES

The Plan is subject to change and to independent audit to comply with applicable federal and state statutes, IRC regulations and industry standards. Participants are notified whenever substantive changes to the Plan occur. Although the Plan is expected to continue indefinitely, the Regents reserve the right to amend or terminate the Plan at any time.

Additional 457(b) Plan Information

ASSIGNMENT OF BENEFITS

Generally, 457(b) Plan benefits payable to participants, beneficiaries or survivors cannot be attached by creditors, nor can anyone receiving benefits assign payments to others. Plan benefits are intended solely for the security and welfare of participants and their beneficiaries and survivors.

There are some exceptions. For example, the IRS may attach retirement benefits to collect unpaid taxes, or a court may order certain benefits to be paid for child or spousal support.

QUALIFIED DOMESTIC RELATIONS ORDERS (QDROs)

A court may award Plan assets to the participant's spouse or former spouse or the participant's dependent. This usually occurs in connection with a divorce or legal separation. In such cases, the domestic relations order must be approved, or qualified, as being in compliance with state law and with the Plan terms.

Both spouses and the court have the right to request information about the benefits earned by the participant during the marital period and how those benefits are derived, as well as information about the options available to non-participants. To obtain a copy of the QDRO procedures, contact Fidelity Retirement Services (netbenefits.com or 866-682-7787).

California law has established procedures for dividing property in connection with the termination of a state-registered domestic partnership. For more information, call Fidelity Retirement Services.

Employee Information Statement

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 457(b) Plan assets are invested in accordance with the participant's instructions; if no instructions are given, assets are invested in the UC Pathway Fund with a target date near the participant's expected retirement date. Participants should periodically review whether their objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax adviser or financial planner may help to achieve better supplemental retirement savings.

Neither the Regents, the Chief Investment Officer, the Plan Administrator nor any officer or affiliated officer of the University makes any recommendation to participants for building supplemental retirement savings, and the various options available for the investment of contributions should not be construed in any respect as a judgment regarding the prudence or advisability of such investments or as tax advice. Neither the Regents, the Chief Investment Officer, the Plan Administrator nor Fidelity Retirement Services bear any fiduciary liability for any losses resulting from a participant's investment instructions. The Plan Administrator reserves the right to refuse to implement any investment instruction from a participant that violates Plan rules or IRC provisions.

All elections concerning contributions to the 457(b) Plan are subject to payroll transaction and fund valuation deadlines.

Neither the University, the Chief Investment Officer, the Plan Administrator nor any officer or affiliated officer shall be responsible in any way for the purpose, propriety or tax treatment of any contribution or distribution (or any other action or nonaction) taken pursuant to the direction of a Plan participant, beneficiary, executor or administrator, or a court of competent jurisdiction. Although the Regents, the Chief Investment Officer, the Plan Administrator, and officers and affiliated officers shall have no responsibility to give effect to a decision from anyone other than the Plan participant, beneficiary, executor or administrator, they reserve the right to take appropriate action, including termination and/or disbursement of a participant's account, to protect the Plan from losing its tax-advantaged status for any event that violates Plan rules or applicable IRC provisions.

Health and Welfare Benefits for Retirees

Health benefits for retired UC employees are one of the rewards UC currently offers long-serving eligible employees. The amount UC will contribute depends on the date you became eligible for benefits (or your rehire date if you incurred a break in service of more than 120 days) and the amount of service credit you have earned. UC's contributions are not part of your vested, or guaranteed, retirement benefits and are therefore subject to change. These benefits are subject to collective bargaining. If you're in a union, consult your collective bargaining agreement for details.

Under both primary retirement benefit options — Pension Choice and Savings Choice — employees who work for UC for 10 full years or more may be eligible to continue some UC-sponsored health benefits.

These benefits, which include medical, dental, vision, legal and accidental death and dismemberment (AD&D), are separate from the UC Retirement Plan (UCRP) and are not a vested benefit. That means these benefits are not guaranteed and that UC's contributions to the cost of the benefits may change or be discontinued at any time. Retiree health and welfare benefits are subject to collective bargaining for current employees who are represented by a union.

Currently, UC contributes to the cost of medical and dental insurance for eligible retirees. For vision, legal and AD&D, retirees who enroll pay the full premiums.

Please note that this is a summary of your benefits only; additional requirements, limitations and exclusions may apply. Refer to applicable plan documents and regulations for details.

The applicable policy issued by the carrier and the University of California Group Insurance Regulations and other applicable UC policies will take precedence if there is a difference between the provisions therein and those of this document.

ELIGIBILITY

To be eligible for these benefits, employees must:

- Have a retirement date that is within 120 days of the date they end UC employment (for Savings Choice participants, the date retiree health benefits begin will be treated as the Savings Choice participant's retirement date for this purpose)
- Be an active eligible employee enrolled in either UCRP (Pension Choice) or Savings Choice at time of separation
- Be enrolled in or eligible to enroll in Full UC employee benefits at the time of separation
- Continue health coverage until retiree health benefits become effective

Retiree health and welfare benefits are not available to those who elect a UCRP Lump Sum Cashout or to those who take a full refund or rollover of Savings Choice accumulations before beginning retiree health benefits. A partial refund or rollover of Savings Choice account funds will not affect eligibility for retiree health benefits, or retiree health service credit, as long as the DC Plan account maintains a balance of at least \$2,000 (with some of that money remaining in the Savings Choice account).

If there is a gap in time between the date an employee ends UC employment and the date UC-sponsored retiree medical and dental benefits become effective, the employee may have to pay the full monthly cost for medical and dental plans (including UC's contribution) to continue coverage during the gap period to maintain eligibility. Retirees may also continue vision and legal insurance during any gap period to ensure continuing coverage.

In addition, retirees must meet the following service credit requirements, based on the date they became a member of one of the two primary retirement benefit plans (Pension Choice or Savings Choice), to be eligible for retiree medical and dental coverage. Only UC service credit — and not credit from a reciprocal system, such as CalPERS — counts toward eligibility for retiree medical and dental coverage.

Health and Welfare Benefits for Retirees

If you initially become a member of the Pension Choice or Savings Choice option on or after July 1, 2016, or are rehired as an eligible employee after that date following a break in service of more than 120 days, you are eligible to enroll in these benefits provided you are 55 or older and have at least 10 full years of retiree health service credit at the time you retire. If you retire at age 56 or older, you will receive a percentage of UC's contribution toward the medical and dental plans' monthly premiums based on your age and years of UCRP or retiree health service credit at retirement. To receive the maximum UC contribution toward the total cost of coverage, you need to retire on or after age 65 with 20 or more years of service.

The following chart shows the percentage of the UC contribution for all eligible ages and years of service credit.

GRADUATED ELIGIBILITY FORMULA

To find the university contribution for a particular age and number of years of retiree health service credit, look down the far left column for the appropriate age; then look across that row to the number of years of service credit. That will show the percentage of the maximum university contribution that a retiree at that age and with those years of service credit will receive. Example: with 15 years of service credit at age 60, the retiree receives 37.5% of the maximum university contribution.

Age*	Years of Retiree Health Service Credit at Retirement										
	10	11	12	13	14	15	16	17	18	19	20+
55	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
56	5.0%	5.5%	6.0%	6.5%	7.0%	7.5%	8.0%	8.5%	9.0%	9.5%	10.0%
57	10.0%	11.0%	12.0%	13.0%	14.0%	15.0%	16.0%	17.0%	18.0%	19.0%	20.0%
58	15.0%	16.5%	18.0%	19.5%	21.0%	22.5%	24.0%	25.5%	27.0%	28.5%	30.0%
59	20.0%	22.0%	24.0%	26.0%	28.0%	30.0%	32.0%	34.0%	36.0%	38.0%	40.0%
60	25.0%	27.5%	30.0%	32.5%	35.0%	37.5%	40.0%	42.5%	45.0%	47.5%	50.0%
61	30.0%	33.0%	36.0%	39.0%	42.0%	45.0%	48.0%	51.0%	54.0%	57.0%	60.0%
62	35.0%	38.5%	42.0%	45.5%	49.0%	52.5%	56.0%	59.5%	63.0%	66.5%	70.0%
63	40.0%	44.0%	48.0%	52.0%	56.0%	60.0%	64.0%	68.0%	72.0%	76.0%	80.0%
64	45.0%	49.5%	54.0%	58.5%	63.0%	67.5%	72.0%	76.5%	81.0%	85.5%	90.0%
65	50.0%	55.0%	60.0%	65.0%	70.0%	75.0%	80.0%	85.0%	90.0%	95.0%	100.0%

* Age is measured in whole years. Please note that separate rules may apply for members of more than one retirement tier, or for members who are represented by a union. Please see the *Retirement Handbook* (available at ucal.us/retirementhandbook) or your bargaining unit's contract for details.

UC'S CONTRIBUTION TO MEDICAL AND DENTAL PREMIUMS

Currently UC contributes to the cost of medical and dental premiums for eligible retirees. The amount of the contribution is determined annually, depending on state funding and other factors. It is not a guaranteed benefit and could be discontinued at any time.

Here are examples of how the UC contribution is applied to retiree medical benefits. The numbers are for illustrative purposes only, and are not actual premiums or contributions.

NON-MEDICARE PLAN

	Eligible for 100% of UC Contribution	Subject to graduated eligibility; receiving 50% of UC contribution	Subject to graduated eligibility; receiving 75% of UC contribution
Total monthly premium	\$575	\$575	\$575
UC Contribution	\$450	\$225	\$337.50
Your monthly premium	\$125	\$350	\$237.50

In general, the maximum UC contribution does not cover the entire premium cost for non-Medicare plans.

MEDICARE PLAN

	Eligible for 100% of UC Contribution	Subject to graduated eligibility; receiving 50% of UC contribution	Subject to graduated eligibility; receiving 75% of UC contribution
Total monthly premium	\$250	\$250	\$250
UC Contribution	\$350	\$175	\$262.50
Your monthly premium	0	\$75	0
Medicare Part B reimbursement*	\$100	0	\$12.50

* If UC's contribution to your medical plan is greater than the premium, UC reimburses you for a portion of the standard Medicare Part B premium you pay for Medicare coverage, usually as a deduction from your Social Security benefit.

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 Regulation, 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 UC Retirement Administration Service Center (800-888-8267).

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 Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, CA 94607, and for faculty to the Office of Academic Personnel and Programs, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.



