

# 2019 UCSC INSURANCE CONTINUATION PROGRAM FOR EMPLOYEES SUBJECT TO FURLOUGH OR TEMPORARY LEAVE

When you are on Furlough or are temporarily Laid Off, **you are eligible to continue to receive the UC contributions for medical, dental, and optical for up to 3 months**; however, the University contribution is not automatic. You must complete and return the attached Insurance Continuation Form (ICF) along with payment for your portion of the premium(s) to continue insurance coverage. These instructions and attached form are intended to guide you on insurance continuation during your Furlough or Temporary Layoff. Additional information is available in the [Furlough Benefits Roadmap](#) and [Temporary Layoff](#) information, at: [UCNet.UniversityofCalifornia.edu](http://UCNet.UniversityofCalifornia.edu).

**IMPORTANT NOTICE: Failure to complete and return this form & payments on time will result in loss of benefit coverage.**

## **OTHER UCSC EMPLOYMENT?**

Contact the campus Payroll Office as soon as possible, if you have other UCSC paid employment during your Furlough or your Temporary Layoff.

## **INSTRUCTIONS FOR COMPLETING THE INSURANCE CONTINUATION FORM**

Complete the Insurance Continuation Form (ICF) based on the dates of no pay from UCSC. **If you do not know these dates, call your [Employee Relations Service Team](#) or the [Academic Personnel Coordinator](#) at your divisional HR office.**

Write in the names of your current medical and dental plans. Indicate on the form whether or not you wish to continue or cancel coverage during your unpaid period for **each** of your current insurance plans. For additional Insurance Continuation Forms, you will need to make copies, contact the Benefits Office or go on-line to: <http://shr.ucsc.edu/forms/shr-1010.pdf>

- o **If you wish to CONTINUE coverage:** Write in the monthly premium you will be paying and total amount enclosed for each plan. The premium owed will be the total premium, unless you are eligible for *Special Conditions for Continued University Contributions* (explained below).
- o **If you wish to CANCEL coverage:** Write in "Cancel" on the *Monthly Premium Owed* line and return the form as directed.

## **PREMIUM PAYMENT-Continuing Coverage**

You will owe a premium for each pay period you will not receive a paycheck. Monthly premiums are due **by the 10<sup>th</sup> of the month of your furlough/temporary leave**, even if you receive bi-weekly pay. You may pay the premiums for the entire unpaid period of employment in a lump sum or in monthly installments. If you elect to make payments on a monthly basis, it is your responsibility to ensure your payments reach UCSC Payroll Office by the deadline for each subsequent month. For example, if your pay stops July 1<sup>st</sup>, payments for August coverage are due July 10<sup>th</sup>.

Your monthly premium amounts can be found on: 1) your earning statement, 2) on the [At Your Service On-line](#) website, or 3) if you cannot locate the premiums in either of these ways, contact the campus [Benefits Office](#) at (831) 459 - 2013.

See the [online calendar](#) for Insurance Continuations payment due dates

Short-term and Voluntary Short-Term & Long-Term Disability coverage stops the last day you are actively at work and you cannot receive disability benefits during a scheduled furlough or temporary layoff. Your coverage under these plans resumes automatically upon your return to pay status.

## **IF COVERAGE IS CANCELLED FOR ANY REASON DURING YOUR LEAVE**

**It is your responsibility to contact the Benefits Office within 31 days upon return work or pay status to re-enroll.**

When you return to work, check your current enrollments on AYSO. If your coverage is cancelled while off pay status, **you must submit a completed UPAY 850 form** (available on: [ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu)) to the campus Benefits Office to restart coverage upon return to pay status. Your Period of Initial Eligibility (PIE) for re-enrollment begins on the day you return to pay status and ends 31-days later.

## **HEALTH FSA and DEPENDENT CARE FSA (Flexible Spending Account) PARTICIPANTS:**

If you are enrolled in the Health FSA and/or Dependent Care FSA, YOUR PARTICIPATION ENDS AUTOMATICALLY WHEN YOUR PAY STOPS. Participation ends on the last day of the month of your last contribution. Expenses incurred during months where no pay is received are ineligible. If you are enrolled in Health FSA and eligible for Family Medical Leave; you are able to continue participation during FML leaves. Contact the campus Benefits Office at (831) 459-2013 for assistance.

To re-enroll in FSA following return from leave, you must enroll via paper form (UPAY 850) within 31 days of your return to pay status. Participation in Health FSA and Dependent Care FSA resumes subject to payroll deadlines. Contact the Benefits Office or

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refer to the Summary Plan Descriptions (available on: [ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu)) for more details about the impact of your unpaid period on FSA plans.

### **OTHER DEDUCTIONS**

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

### **COBRA**

The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) requires the University of California to offer continuation of University-sponsored medical, dental, optical and/or health flexible spending account (FSA) plans to qualified employees and family members enrolled in the plans at the time of certain qualifying events, such as a leave without pay. If you terminate coverage under medical, dental, optical or health FSA, you will receive a COBRA election packet and instructions from CONEXIS, UC's COBRA plan administrator. You may contact CONEXIS for COBRA Continuation assistance at 1-(877) 422-2767. If you do not continue your insurance during a leave period and then you separate from UC employment while coverage is cancelled, you will not be eligible for continued coverage under COBRA at the time of separation.

## 2019 UCSC INSURANCE CONTINUATION RATES FOR EMPLOYEES ON FURLOUGH OR TEMPORARY LAYOFF

UNION REPRESENTED EMPLOYEES: Medical premium rates may differ for employees in some bargaining units. See [AYSO](#) for your rates.

**Monthly rates are provided below. Please refer to your earning statement for appropriate contribution amount. You may view your earnings statement and MCB on [AtYourServiceOnline](#) under 'Current Enrollments'.** Note: Premiums are adjusted at the beginning of each calendar year. If your leave will extend beyond the end of the calendar year, contact the Benefits Office in November to obtain a new rate sheet for the following plan year.

|  |                                |                      |                                  |                             |               |
|--|--------------------------------|----------------------|----------------------------------|-----------------------------|---------------|
| If your MCB is<br><b>\$54,000 and under:</b>               | <b>Plan</b>                    | <b>Employee Only</b> | <b>Employee &amp; Child(ren)</b> | <b>Employee &amp; Adult</b> | <b>Family</b> |
|  | Health Net Blue & Gold HMO*    | 39.57                | 71.22                            | 142.78                      | 174.44        |
|  | Kaiser HMO*                    | 18.97                | 34.15                            | 41.55                       | 56.71         |
|  | UC Health Savings Plan w/ HSA* | 19.83                | 35.70                            | 43.44                       | 59.29         |
|  | UC Care                        | 106.27               | 191.29                           | 282.86                      | 367.88        |
| If your MCB is<br><b>\$54,001 to \$107,000:</b>            | <b>Plan</b>                    | <b>Employee Only</b> | <b>Employee &amp; Child(ren)</b> | <b>Employee &amp; Adult</b> | <b>Family</b> |
|  | Health Net Blue & Gold HMO*    | 75.62                | 136.11                           | 225.08                      | 285.58        |
|  | Kaiser HMO*                    | 55.02                | 99.04                            | 123.85                      | 167.85        |
|  | UC Health Savings Plan w/ HSA* | 55.88                | 100.59                           | 125.74                      | 170.43        |
|  | UC Care                        | 106.27               | 191.29                           | 282.86                      | 479.02        |
| If your MCB is <b>over</b><br><b>\$161,000:</b>            | <b>Plan</b>                    | <b>Employee Only</b> | <b>Employee &amp; Child(ren)</b> | <b>Employee &amp; Adult</b> | <b>Family</b> |
|  | Health Net Blue & Gold HMO*    | 112.62               | 202.71                           | 298.84                      | 388.94        |
|  | Kaiser HMO*                    | 92.02                | 165.64                           | 197.61                      | 271.21        |
|  | UC Health Savings Plan w/ HSA* | 92.88                | 167.19                           | 199.50                      | 273.79        |
|  | UC Care                        | 179.32               | 322.78                           | 438.92                      | 582.38        |
| If your MCB is<br><b>\$107,001 to</b><br><b>\$161,000:</b> | <b>Plan</b>                    | <b>Employee Only</b> | <b>Employee &amp; Child(ren)</b> | <b>Employee &amp; Adult</b> | <b>Family</b> |
|  | Health Net Blue & Gold HMO*    | 112.62               | 202.71                           | 298.84                      | 388.94        |
|  | Kaiser HMO*                    | 92.02                | 165.64                           | 197.61                      | 271.21        |
|  | UC Health Savings Plan w/ HSA* | 92.88                | 167.19                           | 199.50                      | 273.79        |
|  | UC Care                        | 179.32               | 322.78                           | 438.92                      | 582.38        |
|  | <b>Plan</b>                    | <b>Employee Only</b> | <b>Employee &amp; Child(ren)</b> | <b>Employee &amp; Adult</b> | <b>Family</b> |
|  | Health Net Blue & Gold HMO*    | 0.00                 | 0.00                             | 0.00                        | 0.00          |
|  | Kaiser HMO*                    | 0.00                 | 0.00                             | 0.00                        | 0.00          |
|  | UC Health Savings Plan w/ HSA* | 0.00                 | 0.00                             | 0.00                        | 0.00          |
|  | UC Care                        | 0.00                 | 0.00                             | 0.00                        | 0.00          |
|  | Core                           | 0.00                 | 0.00                             | 0.00                        | 0.00          |



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**\*\*\*\*\*RETURN THIS FORM WITH YOUR PAYMENT\*\*\*\*\***

When you are on Furlough or temporarily Laid Off, you must take *immediate action* in order to continue or cancel your University Insurance.

Your monthly premium amounts can be found on: 1) your earning statement, 2) on the [At Your Service On-line](#) website, or 3) if you cannot locate the premiums in either of these ways, contact the campus [Benefits Office](#) at (831) 459 - 2013. For additional Insurance Continuation Forms, go on-line to: [shr.ucsc.edu/forms/shr-1010.pdf](http://shr.ucsc.edu/forms/shr-1010.pdf).

**Payment Deadline:** Completed forms and payments must be received by the UCSC Payroll Office **no later than the 10<sup>th</sup> day of each month for the following months coverage.** For example, if your pay stops on July 1<sup>st</sup>, payments for August coverage are due July 10<sup>th</sup>

UNION REPRESENTED EMPLOYEES: Medical premium rates may differ for employees in some bargaining units. See [AYSO](#) for your rates.

### Employee Information and Continuation/Cancellation Elections:

Name \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Email Address (Personal Preferred): \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Unit: \_\_\_\_\_

Period of Furlough or Temporary Layoff: From: \_\_\_\_\_ To: \_\_\_\_\_

| Insurance Plan                           | Monthly Premium               | Multiple Payments | Premium Enclosed | Payroll Use |
|--|-------------------------------|-------------------|------------------|-------------|
| Medical: _____                           | _____                         | X                 | _____            | _____       |
| Dental: _____                            | _____                         | X                 | _____            | _____       |
| Vision Service Plan                      | _____                         | X                 | _____            | _____       |
| ARAG Legal                               | _____                         | X                 | _____            | _____       |
| Voluntary Short Term Disability          | _____                         | X                 | _____            | _____       |
| Voluntary Long Term Disability           | _____                         | X                 | _____            | _____       |
| Supplemental Life                        | _____                         | X                 | _____            | _____       |
| Dependent Life                           | _____                         | X                 | _____            | _____       |
| Accidental Death Insurance               | _____                         | X                 | _____            | _____       |
| <b>FSA plans end</b> -[see instructions] | Total Premium Enclosed: _____ |                   |                  |             |

Enclosed is my check/money order in the amount of \$ \_\_\_\_\_ made payable to "UC Regents" for the following **earnings & coverage month(s)** [Coverage is paid for a month in advance - see instructions] **Mark ALL that apply:**

|                              |                              |                              |                              |                              |                              |                              |                              |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr | <input type="checkbox"/> May | <input type="checkbox"/> Jun | <input type="checkbox"/> Jul | <input type="checkbox"/> Aug | <input type="checkbox"/> Sep | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec |
| Winter Quarter               |                              |                              | Spring Quarter               |                              |                              | Summer Quarter               |                              |                              | Fall Quarter                 |                              |                              |

By signing below I understand that if I am late with my premium payments my benefits will be cancelled and I will not be able to re-enroll until I return to pay status

If any plans are cancelled, I will contact Benefits immediately upon my return to pay status.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Mail completed form and applicable payment to: **UCSC Payroll Office at 1156 High Street in Santa Cruz, CA 95064**  
Make a copy for your records!