

## 2018 BENEFITS BRIDGE INSURANCE CONTINUATION PROGRAM FOR LECTURERS UNIT (IX) MEMBERS OF AMERICAN FEDERATION OF TEACHERS

When you are not on pay status and are eligible for Benefits Bridge, you must take immediate action to either continue or cancel your University insurance. You must complete and return the attached Insurance Continuation Form (ICF), including payment if applicable, **by the tenth day of the month you are on Benefits Bridge**. For example, if your pay stops April 1st, payments for May coverage are due April 10th. This document and ICF form are intended to guide you on submitting premiums for insurance continuation while on Benefits Bridge. Additional information can be found on [UCNet.UniversityofCalifornia.edu](http://UCNet.UniversityofCalifornia.edu), then search "Benefits Bridge".

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

### INSTRUCTIONS FOR COMPLETING THE INSURANCE CONTINUATION FORM

Complete the Insurance Continuation Form (ICF) along with the dates of your non-paid quarter. **If you do not know these dates, call the [Academic Personnel Coordinator](#) at your divisional HR office.**

The summer break period is July 1 through September 30. Payroll dates for the academic year 1/9th are as follows:

- Fall Quarter: October 1 through December 31 (paychecks issued November 1 through January 1)
- Winter Quarter: January 1 through March 31 (paychecks issued February 1 through April 1)
- Spring Quarter: April 1 through June 30 (paychecks issued May 1 through July 1)

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-1060.pdf>

- **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).
- **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

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.

For example, if your pay stops April 1st, payments for May coverage are due April 10th.

If you elect to make payments on a monthly basis, it is your responsibility to ensure your payments reach UC Payroll Office by the deadline for each subsequent month.

### 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 UPDAY 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 31 day Period of Initial Eligibility (PIE) for re-enrollment begins on the day you return to pay status.

### LIFE INSURANCE CONVERSION

Basic Life Insurance (University-paid) continues automatically for up to four calendar months. If your unpaid employment lasts longer than the allotted continuation period, you may convert within 31 days to an individual plan. Please contact the campus Benefits Office for conversion information and forms.

### OTHER DEDUCTIONS

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

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### 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 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

### 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 Benefits Bridge 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.

### 2018 BENEFITS BRIDGE MONTHLY BENEFITS CONTINUATION RATES

#### MEDICAL PLANS

Plan	Employee Only	Employee & Child(ren)	Employee & Adult	Family
Health Net Blue & Gold HMO*	738.36	1,329.94	1,551.60	2,142.70
Kaiser HMO*	540.22	972.40	1,134.46	1,566.64
UC Health Savings Plan w/ HSA*	463.00	833.40	972.30	1,342.70
UC Care	969.00	2,034.90	2,034.90	2,810.10
Core	185.00	333.00	388.50	536.50

#### OTHER PLANS

Plan	Employee Only	Employee & Child(ren)	Employee & Adult	Family
Delta Dental PPO	41.94	86.24	78.58	140.83
DeltaCare USA	19.30	33.64	33.11	47.47
VSP Vision Plan	12.75	12.75	12.75	12.75
ARAG Legal	10.87	14.95	14.95	12.75

\* If you are enrolled in Health Net Blue & Gold HMO, UC Health Savings Plan or Kaiser HMO and will be leaving the plan's service area for two or more months, you may be required to change your medical insurance coverage while you are away. Please contact the campus Benefits Office at (831) 459-2013 immediately for more information.

**For any other plans, please refer to your most recent earnings statement for your continuations rate(s)**



# 2018 BENEFITS BRIDGE INSURANCE CONTINUATION PROGRAM FOR LECTURERS UNIT (IX) MEMBERS OF AMERICAN FEDERATION OF TEACHERS

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

When you are eligible for UC Health and welfare plans, but have periods of no pay you must take *immediate action* in order to continue or cancel your University Insurance.

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

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-1060.pdf](http://shr.ucsc.edu/forms/shr-1060.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>

**Employee Information and Continuation/Cancellation Elections:**

Name \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
 Email Address (Personal Preferred): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Dept. \_\_\_\_\_  
 Non-paid quarter: \_\_\_\_\_

I have received written commitment for reemployment. My reemployment date is: \_\_\_\_\_

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

Enclosed is my check/money order in the amount of \$ \_\_\_\_\_ made payable to "UC Regents" for the following **earnings 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!**