



**UNIVERSITY
OF
CALIFORNIA**

Postdoctoral Scholar Benefit Plan

2023 Open Enrollment Guide



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Gallagher Benefits Services (GBS) is pleased to administer the University of California Postdoctoral Scholar Benefit Plan. The program is designed to provide a competitive, affordable, and comprehensive benefits package for University of California postdoctoral scholars and their eligible family members.

BENEFITS & ELIGIBILITY



Medical Insurance:
Health Net HMO & PPO



Dental Insurance:
Health Net HMO
Principal POS



Vision Insurance:
Health Net PPO (EyeMed Network)



Life | AD&D Insurance:
The Standard



Short-Term | Voluntary Long-Term Disability:
The Standard



Caregiver Locating Service:
Bright Horizons



Flexible Spending Account
WEX Health

Medical Evacuation & Repatriation of Mortal Remains Coverage

International Postdocs holding a J-1 Visa (**and their dependents**) are not required to purchase supplemental coverage for their J1 and J2 Visa requirements. The Postdoctoral Scholar Benefit Plan (PSBP) Short-Term Disability plan satisfies these requirements, even if the postdoc waives the medical, dental and/or vision coverage.

Benefit Program Eligibility

Eligible Postdoc Title Codes (Note: title code is determined by the requirements of the funding agencies.)

- Title Code 3252 (Postdoctoral Scholar-Employee) – Paid through the UC payroll system.
- Title Code 3253 (Postdoctoral Scholar-Fellow) – Paid a stipend.
- Title Code 3254 (Postdoctoral Scholar-Paid Direct) – Paid directly from an extramural agency.
- Title Code 3255 (Postdoctoral Scholar-Employee NEX) – Part-time, non-Exempt Postdocs.
- Title Code 3256 (Interim Postdoctoral Scholar-Employee) – UC graduate students who recently obtained their PhD degree, or equivalent, and need a short-term appointment to complete an existing project.

Family Member Eligibility

Family member eligibility requirements for the postdoctoral scholar benefit plans are the same as those for the UC faculty and staff plans. The major family member categories are the following:

- Spouse
- Biological or adopted child, step-child, grandchild, step-grandchild up to age 26 (unless eligible to continue coverage due to disability status), or legal ward up to age 18.
- Domestic partner, as long as the domestic partnership is registered with a governmental agency—OR—If the domestic partnership is unregistered, it meets the University of California’s definition of a domestic partnership. Visit <https://c2mb.ajg.com/uc/home/> for more information on these criteria.

OPEN ENROLLMENT

What is Open Enrollment?

Open Enrollment is an annual period of time where you are able to make changes to your coverage that you are not permitted to make throughout the rest of the year, unless you experience a qualifying event such as marriage, birth of a child, etc.

The Open Enrollment period for this year will be 10/27/2022—11/18/2022. Changes will take effect on 1/1/2023.

Making Enrollment Changes Through the UCPATH Website

- To make your plan changes during the Open Enrollment (OE) period, visit the UCPATH web site at: ucpath.universityofcalifornia.edu. Click the Enroll Now button, followed by the Open Enrollment button.

- Prepared OE events display an *Open* status when ready for elections.



- Events that have been submitted will display a *Submitted* status.



Note: During the OE period, employees can submit elections once per day.

! If you are not changing your current enrollment status, no action is necessary.



MEDICAL PLAN INFORMATION

Summary of Benefits and Coverage (SBC)

Understanding your health plan is important. The Summary of Benefits and Coverage (SBC) summarizes important information about your medical insurance plan in a straight-forward format to help familiarize you with your benefits. This document is accessible through the **Plan Documents Library** on the website.

Medical Plan Options Overview

Health Net HMO

- Under the Health Maintenance Organization (HMO) model, you must choose a Primary Care Physician (PCP) within the network. You can change your PCP up to once a month.
- The Primary Care Physician (PCP) will be your first point of contact when accessing care, acting as your “healthcare gatekeeper.”
- If you need to see a specialist, a referral from your PCP is required.
- The network is smaller than that of the PPO plan and there is no Out-of-Network benefit, except in the case of an emergency.
- HMO premiums, as well as the out of pocket expenses (i.e. deductible, co-payments, etc.) tend to be lower than the PPO plan option.

Health Net PPO

- The PPO plan offers much more flexibility and choice than the HMO plan because there is an ‘In-Network’ and ‘Out-of-Network’ choice at the time you seek service from a provider.
- The In-Network benefits (coinsurance, copayments, etc.) will be richer than the Out-of-Network benefits.
- At the time of service, the member has the ability to seek care from a specialist, without having to obtain a referral from a PCP.

HMO Primary Care Physician (PCP) Information

If you choose the Health Net Medical HMO plan through the UCPath web site, you have the option to choose a PCP through the [Find a Provider](#) link on the GBS website. Otherwise, Health Net automatically assigns you and your enrolling dependent (s) to a primary care physician (PCP). If you wish to change this selection for yourself or a family member, you may do so simply by calling Health Net at 888-893-1572. Be sure to make note of the effective date of your PCP change. If you access care through the new PCP before the effective date, those services will not be covered.





WEBSITE RESOURCES

Provider Directories

For your convenience, you may begin accessing a list of providers directly from the GBS web site via the **Find a Provider** section. While you are automatically assigned a PCP under the Health Net HMO plan, you can use the directory to locate a new PCP if you wish to change. You do not need to choose a PCP for the Health Net PPO plan. To find a new HMO PCP, or a PPO provider when you wish to access service, simply follow the applicable instructions in the **Find a Provider** section of the website. Instructions for locating in-network dental and vision providers are also located in this section.

Benefit Summaries

This booklet contains benefit “snapshots” of the plans offered through the program, listing the core benefits that are most commonly utilized. There are however more detailed plan documents, including full benefit summaries, available on the website. When visiting the site, click on the **Documents Library** navigational tile. This section of the website contains benefit summaries for all plans offered through the PSBP.

2023 Monthly Rates & Contributions

This information can be found on the website under the **Insurance Benefits and Rates** section, as well as page 7 of this booklet.

RATES & CONTRIBUTIONS

| | Total Monthly Premium | UC Contribution for Postdoc | Postdoc Contribution |
|---|---|--------------------------------|-------------------------|
| Medical HMO - Health Net, Group Number 66700A | | | |
| Postdoc only | \$635.63 | \$622.92 | \$12.71 |
| Postdoc + child(ren) | \$1,112.45 | \$1,090.20 | \$22.25 |
| Postdoc + partner | \$1,525.63 | \$1,479.86 | \$45.77 |
| Postdoc + partner + child(ren) | \$1,938.80 | \$1,880.64 | \$58.16 |
| Medical PPO - Health Net, Group Number N8224A | | | |
| Postdoc only | \$657.58 | \$637.58 | \$20.00 |
| Postdoc + child(ren) | \$1,150.79 | \$1,110.79 | \$40.00 |
| Postdoc + partner | \$1,578.17 | \$1,538.17 | \$40.00 |
| Postdoc + partner + child(ren) | \$2,005.63 | \$1,945.63 | \$60.00 |
| Dental POS - Principal, Group Number H12843 | | | |
| Postdoc only | \$23.41 | \$23.41 | \$0 |
| Postdoc + child(ren) | \$54.48 | \$54.48 | \$0 |
| Postdoc + partner | \$48.82 | \$48.82 | \$0 |
| Postdoc + partner + child(ren) | \$87.67 | \$87.67 | \$0 |
| Dental DHMO - Health Net, Group Number Z0059A | | | |
| Postdoc only | \$7.23 | \$7.23 | \$0 |
| Postdoc + child(ren) | \$13.73 | \$13.73 | \$0 |
| Postdoc + partner | \$13.00 | \$13.00 | \$0 |
| Postdoc + partner + child(ren) | \$20.23 | \$20.23 | \$0 |
| Vision PPO - Health Net, Group Number Z0074A | | | |
| Postdoc only | \$3.67 | \$3.67 | \$0 |
| Postdoc + child(ren) | \$6.83 | \$6.83 | \$0 |
| Postdoc + partner | \$6.12 | \$6.12 | \$0 |
| Postdoc + partner + child(ren) | \$10.45 | \$10.45 | \$0 |
| Life Insurance and AD&D \$50,000—Standard Insurance, Group Number 643383 | | | |
| All Participants | \$2.55 | \$2.55 | \$0 |
| Short-Term Disability—Standard Insurance, Group Number 643383 | | | |
| All Participants | \$9.20 | \$9.20 | \$0 |
| Long-Term Disability—Standard Insurance, Group Number 643383 | | | |
| All Participants | \$10.93 | \$0.00 | \$10.93 |
| Workers Compensation Assessment | | | |
| Employees | % of salary depending on campus & fund source | | \$0 |
| Fellows and Paid Directs | 47.73 | 47.73 | \$0 |

MEDICAL PLAN OPTIONS



| | HMO | PPO | |
|------------------------------------|---|---|---|
| | In - Network | In - Network | Out - of - Network |
| Core Benefits | Postdoc Pays | Postdoc Pays | Postdoc Pays |
| Deductible Single/Family | None | None | \$200 / \$600 |
| Out of Pocket Max Single/Family | \$1,500 / \$4,500 | \$1,500 / \$4,500 | |
| Office Visit | \$10 Copay | \$20 Copay | 40%* |
| Wellness Visit | No Charge | No Charge | 40%* |
| Inpatient Hospital | No Charge | \$250 Copay + 20%* | \$250 Copay + 40%* |
| Outpatient Surgery | No Charge | No Charge | 40%* |
| Emergency Room | \$35 Copay (waived if admitted) | 20% | |
| Rx | \$10 Tier 1 \$20 Tier 2 \$35 Tier 3 | \$10 Tier 1 \$25 Tier 2 \$35 Tier 3 | 50% + \$10 Tier 1 50% + \$25 Tier 2 50% + \$35 Tier 3 |

*After deductible

Health Net Online Member Portal

Using Health Net’s online member portal, you may perform a variety of functions such as changing your PCP, printing ID cards, or checking the status of a claim.

1. Visit www.healthnet.com and click on **Members > Log In**.
2. Select the plan you have by clicking on the Member Registration.
3. Follow the easy steps to complete your registration.
4. You can download the Health Net Registration Flyer [here](#) or for further assistance 888 893 1572.

DENTAL PLAN OPTIONS



| | HMO | POS | | |
|--------------------------------------|--------------------------|--------------------------------|-------------|----------------|
| | In-Network | EPO Network | PPO Network | Out-of-Network |
| Core Benefits | Postdoc Pays | Postdoc Pays | | |
| Annual Deductible | None | None | | \$50 / \$150* |
| Annual Benefit Maximums (Per Person) | Unlimited | \$1,700 | \$1,700 | \$1,500 |
| <u>PREVENTIVE/DIAGNOSTIC</u> | | | | |
| Routine Exam | \$0 | 0% | 0% | 0% of UCR |
| Teeth Cleanings (Prophylaxis) | \$0 | 0% | 0% | 0% of UCR |
| X-rays | \$0 | 0% | 0% | 0% of UCR |
| <u>BASIC PROCEDURES</u> | | | | |
| Fillings | Varies up to \$80 Copay | 10% | 10% | 20% of UCR |
| Endodontics | Varies up to \$200 Copay | 10% | 10% | 20% of UCR |
| Periodontics | Varies up to \$300 Copay | 10% | 10% | 20% of UCR |
| Oral Surgery | Varies up to \$175 Copay | 10% | 10% | 20% of UCR |
| <u>MAJOR PROCEDURES</u> | | | | |
| Crowns | Varies up to \$200 Copay | 40% | 50% | 50% of UCR |
| Dentures | Varies up to \$425 Copay | 40% | 50% | 50% of UCR |
| <u>ORTHODONTIA</u> | | | | |
| Child | \$1,950 Copay* | 50% (\$1,000 Lifetime Maximum) | | |
| Adult | \$2,250 Copay* | 50% (\$1,000 Lifetime Maximum) | | |

*Does not include start-up and retention fees

*Deductible waived for Preventive care

Accessing Care Out-of-Network Under a PPO Plan

When you seek services *in-network*, meaning, from providers listed in the PPO network, you are paying less for services since these providers have agreed to provide services per the provider network discounts outlined in their contracts with the insurance carriers. When you pay 50% for major services in-network when seeking services from a PPO dentist, you are paying 50% of a contracted, discounted rate. This is not the case with out-of-network providers.

Out-of-Network Example: The out-of-network dentist decides to charge \$1,000 for a porcelain crown on a molar. This dentist is not prohibited from charging what he/she feels can be charged for this service. Your percentage of cost out-of-network is 50% after the \$50 deductible, and Usual, Customary and Reasonable (UCR) is considered \$800 for this service: You pay \$425. **IN ADDITION**, you owe the difference between the UCR amount and what the out-of-network dentist decided to charge you (\$1,000 - \$800), which is an additional \$200.

Total estimated cost out-of-network for the porcelain crown on a molar: \$625

VISION PLAN



| | In-Network | Out-of-Network |
|------------------------------|---|---------------------|
| Core Benefits | Postdoc Pays | |
| Vision Examinations | \$0 Copay | \$40 Allowance |
| | Every 12 Months | |
| Corrective Lenses | \$10 Copay | \$40—\$80 Allowance |
| Conventional Contact Lenses* | \$105 Allowance + 15% off remaining balance | \$105 Allowance |
| | Every 12 Months | |
| Frames | \$120 Allowance + 20% off remaining balance | \$45 Allowance |
| | Every 24 Months | |

*In lieu of corrective glasses (lenses & frames)

| Lens Upgrade Option | Postdoc Pays |
|-----------------------------|--------------|
| UV Coating | \$15 |
| Tint (Solid & Gradient) | \$15 |
| Standard Scratch Resistance | \$15 |
| Standard Polycarbonate | \$40 |
| Standard Anti-Reflective | \$45 |
| Other Add-Ons & Services | 20% Discount |

Laser Vision Correction

Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures. Offer valid through U.S. Laser Network only, call 877-5LASER6 to use the benefit.



| Core Benefits | Life and AD&D |
|----------------------------------|---------------|
| Basic Life | \$50,000* |
| Accidental Death & Dismemberment | \$50,000* |

*All eligible 3252, 3253, 3254, 3255 and 3256 postdocs are automatically enrolled

What is Life and AD&D Insurance?

Basic Life insurance helps provide financial protection by promising to pay a benefit in the event of an eligible member’s covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

Additional Features

AD&D Seat Belt Benefit: Up to \$10,000 is payable for death as a result of a car accident while wearing a seat belt.

AD&D Airbag Benefit: Provides further protection in the event of a covered automobile accident for which an AD&D Seat Belt Benefit is Payable.

AD&D Family Benefits: Includes benefits for career adjustment, childcare, and higher education for eligible surviving family members.

Designating Your Beneficiary(ies)

A beneficiary is the person or people you would like your life insurance benefit to be paid to in the event of your passing. A contingent beneficiary is the person or people who you would like the benefit to be paid to in the event that all of your primary beneficiaries have predeceased the insured. The Beneficiary form can be found on the GBS website [here](#).



DISABILITY PLANS

What are Short and Long-Term Disability Insurance?

These plans, offered to you through The Standard, provide you a way of protecting your income should you become disabled. Though many of us feel that we will never be disabled, studies show that a 20-year-old worker has a one-in-four chance of developing a disability before reaching full retirement age (Social Security Administration Fact Sheet, August 2022). It is important to have a vehicle to offer protection to your income, to allow you to meet your financial obligations when you are unable to work; Disability insurance does just that.



| Core Benefits | Short-Term Disability (STD) |
|------------------------|---|
| Benefit Amount | 70% of your <i>pre-disability</i> earnings (\$1,000 per week maximum) |
| Benefit Waiting Period | 0 days for an accidental injury 7 days for sickness or pregnancy |
| Maximum Benefit Period | 180 days |

! Please Note: Eligible international postdocs (job codes 3252, 3253, 3254, 3255, 3256) holding a J-1 Visa (and their J2 dependents) DO NOT need to purchase supplemental medical evacuation and repatriation coverage to meet J1 and J2 Visa requirements. The STD plan satisfies these requirements, even if the participant waives the medical, dental and vision coverage.



| Core Benefits | Voluntary Long-Term Disability (LTD)* |
|-------------------------|---|
| Benefit Amount | 60% of your <i>pre-disability</i> earnings (\$4,500 per month maximum) |
| Benefit Waiting Period | Payable after 180 days of continued disability |
| Maximum Benefit Period | Age 65 |
| Pre-existing Conditions | Ailments diagnosed/treated during the 90 days prior to enrollment will not be covered until the plan has been active for 12 months. |

*Plan is 100% paid by postdoc (\$10.93 per month), must enroll during your period of initial eligibility.

Your Benefits Make Your Full Plate **More Manageable**



Your Bright Horizons® benefits can help with all your family needs.

- Find full-time child care that fits the way you work — plus, get waitlist priority
- Make your sitter search easier with your free Sittercity membership
- Ensure your family's care needs are met with a personalized nanny placement service
- Stop the morning rush & afternoon scramble with before- and after-school programs
- Take academic support off your plate with professional tutors
- Make your child's spare time fun and educational with discounted enrichment programs
- Check 'walk the dog' and 'clean the kitchen' off your to-do list with pet care and housekeepers through your free Sittercity membership

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<https://clients.brighthouse.com/universityofcalifornia>

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FLEXIBLE SPENDING ACCOUNTS

(Medical FSA)

Medical FSA

Why should I choose a medical flexible spending account?

A medical FSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses. This saves you money by reducing your taxable income.



Funds on Day 1

Schedule that surgery, buy those eyeglasses or finally get those braces. All of your FSA funds are available to spend right away. Use your benefits debit card at the point of purchase.



Discount

Think of it like a discount on healthcare expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Dollars you contribute are taken out of your paycheck before tax which means a \$100 purchase would actually cost you over \$130 without a medical FSA.*



Plan ahead

Think about the money you spent on healthcare expenses last year. Plan ahead and set those funds aside in a medical FSA and save 30%.*

*Based on a 30% tax bracket.

What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Birthing and lamaze classes
- Doctor visits and surgeries
- Dental and orthodontia
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Frames, contacts, prescription sunglasses, etc.
- Prescription drugs

View our interactive eligible expense list at www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a health savings account (HSA).



Fast fact

Don't know how much to elect? Determine how much you spent on healthcare expenses last year and estimate the amount you'll spend this year using our eligible expense list. Any funds you contribute to the medical FSA must be spent by the end of the plan year.

FLEXIBLE SPENDING ACCOUNTS

(Dependent Care FSA)

Dependent Care FSA

Why should I choose a dependent care FSA?

A dependent care FSA allows you to put aside a portion of your paycheck before taxes for eligible dependent care expenses each year.



Save money

The dependent care FSA lets you pay for eligible dependent care expenses while you reap the benefits of additional tax savings. You're spending the money either way. This way, eligible childcare and other dependent care costs are a little less.



Save strategically

Submit all of your dependent care expenses at the end of the plan year for one lump sum reimbursement to give yourself a hard-earned "bonus".



Fast Fact

For recurring costs, submit our Recurring Dependent Care Form. It makes claim filing simple because you only need to submit one form once in order to get reimbursed each pay period. You can find the form on the back of this handout.

What does it cover?

The list includes, but is not limited to, eligible:

- Childcare center, babysitter, nanny (birth through age 12)
- Before- or after-school care
- Summer day camp
- Disabled dependent and/or spouse care
- Elder care

View our interactive eligible expense list at www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.

FLEXIBLE SPENDING ACCOUNTS

(Dependent Care FSA)



www.wexinc.com
844-561-1338 866-451-3245
PO Box 2926 Fargo, ND 58108-2926
forms@wexhealth.com

Recurring Dependent Care Request Form

This form is to be completed each plan year and as changes occur when you want to receive recurring reimbursement of dependent care expenses. Documentation must be retained for your records and provided to WEX when requested to do so (if a receipt is unavailable, a signature from the provider is sufficient). If any information on this request form changes during the plan year, you must submit an updated Recurring Dependent Care Request Form.

* = Required Fields

Step 1: Participant information

*Participant Name (First, MI, Last)

*Social Security Number

*Employer Name (Do not abbreviate)

Employee ID

Updates or changes to your information can be made by logging into your account at www.wexinc.com.

Step 2: Recurring dependent care FSA information

*Please select only one:

Start Recurring Dependent Care FSA: Please start my recurring reimbursement with the information provided in Step 3.

Change Recurring Dependent Care FSA Information: Please update my recurring reimbursement with the information provided in Step 3 as of the Effective Date listed on the right.

Stop Recurring Dependent Care FSA: Please stop my recurring reimbursement for the information provided in Step 3 as of the Effective Date listed on the right.

Effective Date (mm/dd/yyyy)

Effective Date (mm/dd/yyyy)

Step 3: Dependent care provider information and signature (to be completed by the provider)

I certify the information provided below is accurate. I understand the purpose of my signature on this form is to substantiate the name of the dependent care provider, the dates of service care is being provided and the dollar amount of the services. I agree to provide the necessary receipts for documenting the participant's incurred dependent care expenses.

| *Dependent(s) Name | *Start Date of Service Must be within current plan year (mm/dd/yyyy) | *End Date of Service Must be within current plan year (mm/dd/yyyy) | *Provider's Signature | *Cost Per Week | *Total Cost |
|--------------------|---|---|-----------------------|-------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

Step 4: Participant certification

To the best of my knowledge, the provided information is complete and accurate. By submitting this, I acknowledge my child is under the age of 13, the services are eligible dependent care expenses as defined by the IRS, that I have not been previously reimbursed for these expenses and that I will not seek reimbursement from any other source. I understand that WEX, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I have obtained or made reasonable efforts to obtain the provider's Tax ID (TIN) and I will include the TIN on IRS Form 2441, which I must attach to my federal income tax return. If there are any changes in the provided information, I understand it is my responsibility to notify WEX. I understand that WEX may require me to submit any additional documentation, receipts and an updated request form at any time. I should retain a copy of all submitted documentation in the event of an IRS audit. I confirm my payroll deductions are less than my daycare costs per week so recurring reimbursements will occur when payroll deductions post to my Dependent Care FSA. By submitting this form I certify the above.



* F O O 1 *



* K 1 0 1 *

Revised 09/23/21

INFORMATION SOURCES

Insurance Carrier Member Services

| | |
|-------------------------------|--------------|
| Health Net Medical..... | 888-893-1572 |
| Health Net Dental (DHMO)..... | 866-249-2382 |
| Health Net Vision | 866-392-6058 |
| Principal (Dental POS)..... | 800-247-4695 |
| The Standard..... | 800-319-9557 |
| WEX Health (FSA)..... | 844-561-1338 |

Gallagher Benefits Services (GBS)

| | |
|-----------------------------|--|
| Phone..... | 800-254-1758 |
| Email..... | UniversityServices.GBS.psbp@ajg.com |
| Dedicated PSBP Website..... | https://c2mb.ajg.com/uc/home/ |





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The benefits outlined on this guide are for comparative purposes only. In the event of a discrepancy between this guide and the actual plan documents, the provisions of the master policy will prevail.