

UC Postdoctoral Scholar Benefits Plan (UC PSBP)

Frequently Asked Benefits Questions:

- 1. What kind of benefits package do I receive as a Postdoctoral Scholar?** As a Postdoctoral Scholar you have a choice between a Health Maintenance Organization (HMO) and a Preferred Provider Organization (PPO) plan for both medical and dental plan coverage. The vision plan is a Health Net PPO plan. All postdoc's are automatically enrolled in Short-Term Disability, Life, and Accidental Death & Dismemberment insurance, and Workers Compensation. These are mandatory benefits paid by your department. There is also a voluntary postdoc (you) paid Long - Term Disability plan you can elect.
- 2. As a new Postdoctoral Scholar, when will my benefits start?** Benefits are effective as of the date your appointment starts at UC as long as you enroll during the first 31 days of your appointment. This is referred to as your Period of Initial Eligibility (PIE).
- 3. Can I enroll in benefits prior to my arrival at UC?** No, you cannot enroll in benefits until you arrive and have an active appointment in the payroll system.
- 4. How do I enroll in benefits?** There are two methods to enroll in benefits. You can enroll online, if you meet the criteria, or you can enroll using a paper form. Please see your HR Postdoc Administrator for details and instructions on how to enroll in benefits. Get more information at: https://clients.garnett-powers.com/pd/uc/pre_enrollment/
- 5. Once I enroll in benefits can I make changes to my elections?** Typically no. Please read all the plan details on the Gallagher Benefits Services (GBS) website <https://clients.garnett-powers.com/pd/uc/documents/> before making your enrollment choices. Once you're enrolled you cannot make changes until Open Enrollment (OE) or have an eligible qualifying event such as marriage or newborn. Open Enrollment usually starts near the end October and continues into part of November each year. The benefits plan changes then go into effect January 1st of the following year.
- 6. Do I have to pay for my benefits as a Postdoctoral Scholar?** All UCSF postdoctoral scholars and their dependents must be provided with health insurance. The postdoc's mentor or principal investigator (PI) is responsible for most of the cost of such benefits, which include medical, dental, and vision plans. In accordance with the UC-UAW Postdoc Union Contract, Postdocs are now required to pay a small percentage of the healthcare premium. The PI is still responsible for the full cost of short-term disability, life, and accidental dismemberment and disability insurance.
- 7. How does a Health Maintenance Organization (HMO) plan work?** You must live or work in the plan service area to participate in the HMO plan. Under the [HMO](#) model, the member can choose a Primary Care Physician (PCP) contracted with the plan. If you do not choose a PCP, the plan will automatically assign one to you. You must obtain all primary care with your assigned PCP. To see a specialist, you must receive a referral from your PCP prior to receiving the specialist's services. If you do not get authorization from your PCP, no benefits will be paid by the HMO. There are no Out-of-Network benefits with the HMO plan. The HMO is usually less expensive than the PPO.

8. **How does a Preferred Provider Organization (PPO) plan work?** A PPO generally offers a broader network and more flexibility than an HMO. The plan does not require one to choose a primary care provider, instead members may choose from any in-network or out-of-network physician. Generally, the cost for in-network services will be lower than out-of-network services, please see the [Health Net PPO Plan List of benefits](#), for details on the cost structure. The PPO plan is usually more expensive than the HMO plan.
9. **What kind of information will I receive in the mail from my plans?** You will receive your medical and dental plan cards in the mail. Cards are delivered to the local address on file with the University within 45 to 60 days from the date your enrollment election is processed. There is no vision card mailed to you however Gallagher Benefits Services has created a generic vision card for you to use. Please click here to be redirected to the Gallagher Benefits Services website to print a vision card https://clients.garnett-powers.com/pd/uc/downloads/Vision_ID_card.pdf. If you would like to receive an Evidence of Coverage booklet regarding your plan coverage, please contact your plan directly to request one by calling Customer Service (866) 392-6058.
10. **Are pre-existing condition covered by the medical plans?** Yes pre-existing conditions are covered under the PSBP plans. The university's plans are considered group plans and pre-existing conditions are covered.
11. **Do I get to choose my own Doctor?** Yes, you can choose your Primary Care Physician (PCP) under the Health Net HMO Medical Plan. If you don't choose a PCP, one will be automatically assigned to you and your family members. The Health Net PPO Plan offers you the flexibility to access care through their Preferred Provider Organization, or to access care outside of their contracted network. If you choose this plan, there is no need to choose a PCP. You will simply access the Provider Directory to choose a physician when service is needed.
12. **Can I change my Primary Care Physician (PCP)?** In most cases, you can change your PCP at any time by contacting the Customer Service number on your card. If you request a PCP change by the 15th of the month it will go into effect on the first of the following month. If you request a PCP change between the 15th and the end of the month the change will go into effect the first day of the second month following the month in which the request was made. Example: PCP request was made on September 22nd. Change goes into effect November 1st. If you change your PCP, you must access care with your current PCP until the change takes effect. If you access care with your new PCP prior to the change taking effect, the plan will not pay and you will be responsible for 100% of the cost associated with the visit.
13. **What do I do if I need to access care while traveling within the United States or outside of the country?** If you are enrolled in the **PPO** plan and have an emergency while you are outside of the country, you will need to contact Health Net using the number located on your Health Net ID card. You will need to inform Health Net of your situation and that you need to access care with a physician. You need to be aware that a hospital outside of the United States may ask you to pay in full for services rendered; then you can submit the claim directly to Health Net for reimbursement. To locate a provider outside of your state of residence please call 1-800-676-6976 to speak to a plan service representative. If you are enrolled in the **HMO** plan and you experience an emergency, you need to call your primary physician group

prior to or within 48 hours of accessing care, or as soon as possible thereafter. This rule applies to services outside of the United States as well as outside of your primary physician group service area. Generally your primary physician group is limited to a particular service area, which covers approximately a 30-mile radius. The address and the phone number of your primary physician group are listed on your Health Net card. You do need to be aware that a hospital outside of the United States or outside of your primary physician group service area may ask you to pay in full for services rendered; then you can submit the claim directly to Health Net for reimbursement.

14. **If I get married or have children can I add them to my benefits?** Yes, you can add your eligible dependents within 31-days of the qualifying event. Getting married or having (or adopting) a child creates a qualifying event. Please remember to make your changes within the 31-day period or you will have to wait for annual Open Enrollment period to add your eligible dependents to your plans. If you fail to enroll in benefits within 31 days of a qualifying event you may be eligible for a 90-day delayed HIPAA (Health Insurance Portability and Accountability Act) enrollment. HIPAA enrollments only apply to medical plans. Please see your HR Postdoc Administrator to initiate the enrollment process.
15. **Are there other types of qualifying events?** Yes there are various types of qualifying events. The most common types are marriage, birth of a child, and Involuntary Loss of Coverage (ILOC) (for example, your spouse has medical insurance from his/her employment and then loses their job). A divorce would also be considered a qualifying event and you must notify your department immediately to remove your spouse from your plans. Going on a leave and returning from a leave can create a qualifying event. Whenever you experience a change in the number of dependents you have (gain or loss), their status in your life, or a change in your employment status, the event may create a qualifying event. If you have questions about qualifying events please talk with your HR Postdoc Administrator.
16. **What happens to my benefits when I leave UC?** When you separate from the University your benefits will terminate the month your appointment ends. For example, if you separate employment on June 15 your benefits coverage will end on June 30. When your benefits end, you will receive a COBRA notification packet from Gallagher Benefits Services. COBRA allows you to continue your benefits for a period of 18 to 36 months. While on COBRA (Consolidated Omnibus Budget Reconciliation Act), you are responsible for paying 100% of the premium cost. For more information about COBRA please visit the Gallagher Benefits Services website: https://clients.garnett-powers.com/pd/uc/continuing_coverage/
17. **My spouse is also a UC Postdoc. Can we carry each other as dependents?** No, UC's rules do not allow duplicate coverage. That is, you may not be covered in UC-sponsored plans as a postdoc and as an eligible family member of a UC postdoc, employee, resident or retiree at the same time.
18. **How do I de-enroll my dependents?** Please complete the [University of California Postdoctoral Benefits plan New Hire Enroll, Change or Cancellation or Waiver Form](#) and submit completed from to COSolutionCenter@ucsf.edu

19. **Can I participate in the Dependent Care and Health Flexible Spending Accounts?** At this time postdocs are not eligible to participate in these plans.
20. **What are my retirement savings options?** If you are a Postdoctoral Scholar–Employee (title code 3252), you are automatically enrolled in the [Safe Harbor DCP \(Defined Contribution Plan\)](#). Your pre-tax deductions will default to the UC Pathway Fund unless you initiate your own investment selections with [Fidelity](#). You also have the option to save pre-tax dollars by enrolling in the 403(b) and/or 457(b) plans. To attend a [Retirement Workshop](#), get more information, and to enroll [click here](#).
21. If you are a Postdoctoral Scholar-Fellow (title code 3253) or a Postdoctoral Scholar-Paid Direct (title code 3254), you are not eligible to participate in the Defined Contribution Plan. More information about retirement for Postdocs can be found here: <http://postdocs.ucsf.edu/retirement>
22. **What happens if I get injured at work?** If you get injured at work you should notify your supervisor immediately. Once you have notified your supervisor you should make an appointment at the UCSF Occupational Health Services located at Mt. Zion. To schedule an appointment call 415-885-7580. Appointments are available Monday- Friday, 7:30am- 4pm.

You can find more answered FAQ's at the [Gallagher Benefits Services website](#).

If you have additional questions, please contact Sharon Mendonca, Central Insurance Desk Coordinator, at sharon.mendonca@ucsf.edu or 415-476-6529.