

UC Health & Welfare Benefits Fact sheet
Claim Deadlines and Transition of Care

This fact sheet explains how your University of California-sponsored benefits are affected when your UC employment ends. Generally, your coverage in UC-sponsored benefit plans will stop when your UC employment ends on 9/30/07. The chart below provides general information. You can also get answers to your questions by consulting the detailed plan booklets for each benefit plan posted on At Your Service (atyourservice.ucop.edu) or from the LLNL Benefits Office. Deductibles and out of pocket maximums may carry forward to new LLNS-sponsored benefit plans – check with the LLNL Benefits Office for details.

You should also be aware of claim deadlines for each of the UC-sponsored benefits. You should submit any claims within the deadline in order to ensure payment. You may be able to continue some benefits for a limited time or convert the coverage to an individual plan, but only if you do not accept employment with LLNS. In that case, see UC’s “Termination of Employment” benefits checklist for details.

Plan Name for Employees	Claim Filing Deadline	Transition of Care or Claims in Process
MEDICAL PLANS		
Blue Cross PLUS, PPO, Core	If the submission of a claim form is required to receive benefits under the plan, the member or the provider of service must send properly and fully completed claim forms within 90 days of the date the member received the service or supply for which a claim is made. If it is not reasonably possible to submit the claim within that time frame, an extension of up to 12 months will be allowed.	The transition of care from a UC-sponsored plan to another health plan would be based on date of service. For example, in the UC/LLNL transition, a 10 day hospital stay from 9/25-10/4 would be treated as follows: expenses for the 9/25 to 9/30 days would be covered by the UC-sponsored plan and expenses for the 10/1 to 10/4 days would be covered by new LLNS-sponsored benefits. Transition Assistance may be negotiated by the new entity – check with the LLNS Benefits Office.
Health Net	Claims must be filed within one year from the date you receive the services or supplies. Any claim filed more than one year from the date the expense was incurred will not be paid unless it is shown that it was not reasonably possible to file within that time limit, and that you have filed as soon as was reasonably possible.	The transition of care from a UC-sponsored plan to another health plan would be based on date of service. For example, in the UC/LLNL transition, a 10 day hospital stay from 9/25-10/4 would be treated as follows: expenses for the 9/25 to 9/30 days would be covered by the UC-sponsored plan and expenses for the 10/1 to 10/4 days would be covered by new LLNS-sponsored benefits. Transition Assistance may be negotiated by the new entity – check with the LLNS Benefits Office.
Kaiser	Members who receive emergency health care services at a non-Plan hospital or facility outside of its service	The transition of care from a UC-sponsored plan to another health plan would be based on date of service. For example, in the UC/LLNL transition, a 10 day hospital stay from 9/25-10/4 would

Plan Name for Employees	Claim Filing Deadline	Transition of Care or Claims in Process
	area may submit a completed claim form or bills for review and payment to the Claims Administration Department. Claims must be submitted as soon as possible after receiving care.	be treated as follows: expenses for the 9/25 to 9/30 days would be covered by the UC-sponsored plan and expenses for the 10/1 to 10/4 days would be covered by new LLNS-sponsored benefits. Transition Assistance may be negotiated by the new entity – check with the LLNS Benefits Office.
Kaiser Mid-Atlantic	Members who receive emergency health care services outside of its service area may submit a completed claim form for review and payment to the Member Services Department. Claims must be submitted within 180 days, or as soon as possible after receiving care.	The transition of care from a UC-sponsored plan to another health plan would be based on date of service. For example, in the UC/LLNL transition, a 10 day hospital stay from 9/25-10/4 would be treated as follows: expenses for the 9/25 to 9/30 days would be covered by the UC-sponsored plan and expenses for the 10/1 to 10/4 days would be covered by new LLNS-sponsored benefits. Transition Assistance may be negotiated by the new entity – check with the LLNS Benefits Office.
PacifiCare	You should file a claim within 90 days, or as soon as reasonably possible, of receiving any services and related supplies.	The transition of care from a UC-sponsored plan to another health plan would be based on date of service. For example, in the UC/LLNL transition, a 10 day hospital stay from 9/25-10/4 would be treated as follows: expenses for the 9/25 to 9/30 days would be covered by the UC-sponsored plan and expenses for the 10/1 to 10/4 days would be covered by new LLNS-sponsored benefits. Transition Assistance may be negotiated by the new entity – check with the LLNS Benefits Office.
United Behavioral Health (UBH)	You must give written proof of loss within 15 months after the date the expenses are incurred.”	UBH will continue to manage acute hospital treatment (that is underway at the termination date) until date of discharge. Transition Assistance for other types of care may be negotiated by the new entity – check with the LLNS Benefits Office.
DENTAL PLANS		
Delta Dental	For services from a non-Delta dentist, member will be billed and must pay dentist directly. Claims for reimbursement must be submitted to Delta within 6 months. Delta will pay the member.	UC’s Delta Dental plan will be responsible for expenses incurred in connection with any single dental procedure delivered on or before 9/30/07. For multi-step procedures, such as root canals in progress or teeth prepared for crowns, benefits for any dates of service after 9/30/07 may be covered by the new LLNS-sponsored benefits.
DeltaCare USA (formerly PMI)	Claims for covered Emergency Services or preauthorized Specialist Services should be submitted to Delta Dental within 90 days of the end of treatment. Valid claims received after the 90 day period will be reviewed if it can be shown that it was not reasonably possible to submit the claim within that time.	UC’s DeltaCare USA plan (formerly PMI) will be responsible for expenses incurred in connection with any single dental procedure delivered on or before 9/30/07. For multistep procedures, such as root canals in progress or teeth prepared for crowns, benefits for any dates of service after 9/30/07 will be covered by new LLNS-sponsored benefits.

Plan Name for Employees	Claim Filing Deadline	Transition of Care or Claims in Process
		The cost to an Enrollee receiving orthodontic treatment whose UC coverage is ended on 9/30/07 will be based on a maximum of \$1,400.00 for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee makes payment directly to the Contract Orthodontist as arranged. Benefits for any dates of service after 9/30/07 may be covered by new LLNS-sponsored benefits.
VISION PLAN		
VSP	Claims must be submitted within 6 months of the date of service.	Not applicable
ACCIDENTAL DEATH & DISMEMBERMENT PLAN		
AIG	Written notice of claim is required within 20 days of the loss.	The accidental loss must occur on or before 9/30/07 to be covered by the UC-sponsored benefit plan.
LEGAL PLAN		
ARAG	When services are provided by a Non-Network Attorney, generally payment is required in advance. When services are completed, members need to file a claim form (including the Attorney's billing statement) with ARAG. Claims must be filed within one year after members knew or reasonably should have known of the principle facts on which the claim is based.	ARAG will have responsibility for all claims in process or covered services partially rendered that relate to insured events which occur on or before 9/30/07.
DISABILITY PLAN		
Liberty Mutual	For claims with an initial date of disability on or before 9/30/07, claim should be filed with UC-sponsored plan. Written notice of claim should be	Liberty Mutual is responsible under UC's contract for any current claims with a date of disability on or before 9/30/07. Benefits are payable under the UC-sponsored plan for ongoing claims as long

Plan Name for Employees	Claim Filing Deadline	Transition of Care or Claims in Process
	provided to Liberty within 30 days of the date of loss, or as soon as reasonably possible to do so.	as the claimant remains disabled.
LIFE PLAN		
Prudential, including Basic, Supplemental, and Dependent plans	Member/family members should file claims promptly to protect their rights.	<p>Life Insurance Claims – Claims with dates of death prior to 10/01/07 will be paid from the University of California benefit plan.</p> <p>Waiver of Premium Claims – The University of California contract retains liability for all approved Life Insurance Waiver of Premium claims that have been incurred prior to 10/1/07. In addition, to the extent Waiver of Premium claims have been incurred prior to 10/01/07 but have not been submitted or, a decision has not been reached on known Waiver of Premium claims as of 10/1/07, and these claims are ultimately approved, the University of California plan will retain liability for these claims.</p> <p>Accelerated Death Benefit claims- if a claim for Accelerated Death Benefits is received prior to October 1, 2007, the payment of the accelerated benefit will be payable under the University of California-sponsored plan. If the employee is eligible for Waiver of Premium protection under the UC contract, any future death claim will be paid from the UC-sponsored plan.</p>
FLEXIBLE SPENDING ACCOUNTS		
Health Care Reimbursement Account	Claims for reimbursement of services from the 2007 plan year may be filed under the UC-sponsored plan through 9/30/07. After this date, claims should be filed under the LLNS-sponsored plan.	Plan balances and elections as of 9/30/07 will be transferred from the UC-sponsored plan to the plan sponsored by LLNS, as allowed by the IRS.
DepCare	Claims for reimbursement of services from the 2007 plan year may be filed under the UC-sponsored plan through 9/30/07. After this date, claims should be filed under the LLNS-sponsored plan.	Plan balances and elections as of 9/30/07 will be transferred from the UC-sponsored plan to the plan sponsored by LLNS, as allowed by the IRS.