





UNIVERSITY OF CALIFORNIA

2027 Plan Year Open Enrollment Guide

Postdoctoral Scholar Benefit Plan

Table of Contents

Benefits and Eligibility..... 3
Open Enrollment | What's New for 2027?..... 4
Important Medical Plan Information..... 5
Benefit Program Website Resources..... 6
Rates and Contributions..... 7
Medical Plan Options..... 8
Family Planning/Maternity Coverage..... 9
Infertility Coverage..... 10
Spotlight—Health Net Wellness Programs..... 11
Dental Plan Options..... 12
Vision Plan..... 13
Life and AD&D Plan..... 14
Disability Plans..... 15
Bright Horizons..... 16
Flexible Spending Accounts (FSA)..... 17-18
Contact Information..... 19



Gallagher Benefit 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

(3252, 3255, 3235, 3256 postdocs only)
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 3235 (Postdoctoral Scholar—Math 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. Click here for more information on these criteria.

OPEN ENROLLMENT

What is Open Enrollment?

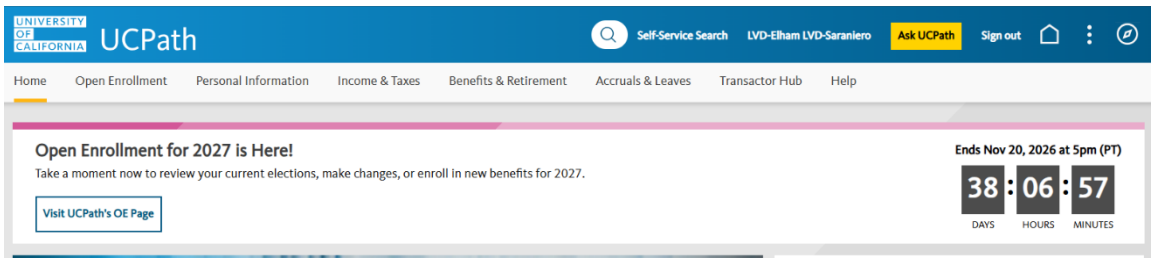
Open Enrollment is an annual period where you can make changes to your coverage that you are not permitted to make throughout the rest of the year, unless you experience a qualifying event such as marriage, birth of a child, dependent arrival in the United States, loss of prior coverage, etc.

The Open Enrollment period for this year will be 8 am Thursday 10/29/2026 — 5 pm Friday 11/20/2026.

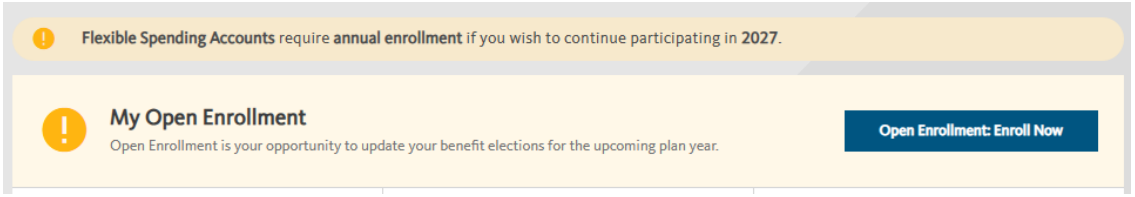
Changes to your benefits will take effect on 1/1/2027.

Making Open Enrollment Changes Through UCPath

1. Upon accessing the UCPath portal, click the **Visit UCPath's OE Page** button.



2. Proceed by clicking the **Open Enrollment: Enroll Now** button, which will take you into the Open Enrollment Activity Guide.



PLEASE NOTE: Health FSA and Dependent Care FSA plans require a new annual election at OE every year.

What's New for 2027

- The Women's Preventive Services Initiative will expand the cervical cancer screening benefit for average risk women to cover additional testing and follow-up after the initial screening, when indicated to complete the screening process, at $0 cost share.
- CA Assembly Bill 948 limits prescription drug copays to $250 for a 30-day supply, which will reduce the costs of medications that are currently covered at 50% coinsurance.
- Additional CA state legislative mandates will prohibit insurer re-diagnosis requirements for some mental health disorders and increase the flexibility for pharmacists to fill prescriptions for life-threatening conditions.
- Out-of-network telehealth services in the PPO medical plan, currently not covered, will be covered at 40% coinsurance for medical visits and $0 copay for behavioral health visits. This change aligns the out-of-network benefit tier, cost-sharing, and coverage criteria with those of in-person services.

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 PSBP Health Net microsite under Plan Documents.

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 by contacting Health Net or through the member portal. PCP selections are accepted through the UCPath portal for new enrollments only. Existing HMO members should contact Health Net directly to change their PCP.
- 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 can 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 via the **Find a Provider** section of the Health Net PSBP microsite. 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.





ONLINE RESOURCES

Provider Directories

Health Net HMO/PPO Medical, HMO Dental, Vision: You may begin accessing a list of in-network Health Net Doctors, Dentists and Optometrists directly from the Health Net PSBP microsite via the **Find a Provider** section.

Principal POS Dental: You may begin accessing a list of Principal Dental providers directly from the Gallagher website via the **Find a Provider** link found within Principal—Dental POS section.

Plan Documents

Health Net HMO/PPO Medical, HMO Dental, Vision: You may access plan documents that detail your benefits, including Summaries of Benefits and Coverage, Evidence of Coverage and Certificates of Insurance, by visiting the **Plan Documents** section of the Health Net PSBP microsite.

Principal POS Dental: You may access plan documents that detail your benefits, including a Summary of Benefits, the Group Policy and Certificate of Insurance, by visiting the **Principal—Dental POS** section of the Gallagher website.

2027 Monthly Rates & Contributions

This information can be found on the **Gallagher site** and on page 7 of this guide.

RATES & CONTRIBUTIONS

	Total Monthly Premium	UC Contribution	Postdoc Contribution
Medical HMO - Health Net, Group Number 66700A			
Postdoc only	$803.73	$787.66	**$16.07**
Postdoc + partner	$1,929.09	$1,890.51	**$38.58**
Postdoc + child(ren)	$1,406.64	$1,378.51	**$28.13**
Postdoc + partner + child(ren)	$2,451.52	$2,402.49	**$49.03**
Medical PPO - Health Net, Group Number N2982A			
Postdoc only	$1,047.00	$1,005.12	**$41.88**
Postdoc + partner	$2,512.80	$2,412.29	**$100.51**
Postdoc + child(ren)	$1,832.31	$1,759.02	**$73.29**
Postdoc + partner + child(ren)	$3,193.41	$3,065.67	**$127.74**
Dental POS - Principal, Group Number H12843			
Postdoc only	$27.34	$27.34	**$0**
Postdoc + partner	$57.03	$57.03	**$0**
Postdoc + child(ren)	$63.63	$63.63	**$0**
Postdoc + partner + child(ren)	$102.41	$102.41	**$0**
Dental DHMO - Health Net, Group Number Z0059A			
Postdoc only	$7.28	$7.28	**$0**
Postdoc + partner	$13.08	$13.08	**$0**
Postdoc + child(ren)	$13.82	$13.82	**$0**
Postdoc + partner + child(ren)	$20.38	$20.38	**$0**
Vision PPO - Health Net, Group Number Z0074A			
Postdoc only	$3.97	$3.97	**$0**
Postdoc + partner	$6.62	$6.62	**$0**
Postdoc + child(ren)	$7.39	$7.39	**$0**
Postdoc + partner + child(ren)	$11.30	$11.30	**$0**
Life Insurance and AD&D $50,000—Standard Insurance, Group Number 643383			
All Participants	$3.30	$3.30	**$0**
Short-Term Disability—Standard Insurance, Group Number 643383			
All Participants	$10.80	$10.80	**$0**
Long-Term Disability—Standard Insurance, Group Number 643383			
All Participants	$12.25	$0.00	**$12.25**



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	$75 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, finding a provider or checking the status of a claim.

- To register, visit the **Account** section of the Health Net microsite.

For more in-depth plan information, visit the Health Net microsite.

FAMILY PLANNING/MATERNITY COVERAGE

Note: Home birth is not covered under your plan.

Covered Services	HMO Cost	PPO Cost
Prenatal and postnatal office visits [1]	$10 copay	INN (Prenatal) – No Charge INN (Postnatal) – 20% coinsurance OON – 40% coinsurance (both)
Hospital delivery including cesarean section	$0 copay	INN – $250 per admit + 20% coinsurance OON – $250 per admit + 40% coinsurance
Newborn care through the first 30 days [1]	$10 copay (office visit) $0 copay (circumcision and immunization)	INN – $20 copay OON – 40% coinsurance (office visit) INN – No charge OON – 40% coinsurance (immunization) INN – 20% coinsurance OON – 40% coinsurance (circumcision)
Contraceptives [2]	$0 copay	INN – $0 copay OON – 40% coinsurance
Injectable contraceptives [2]	$0 copay	INN – $0 copay OON – 40% coinsurance
Alternative birth centers	$0 copay (must consult PPG for availability)	INN – $250 per admit + 20% coinsurance OON – not covered
Breastfeeding support, supplies and counseling [3] Limited services (partial coverage) benefits	$0 copay	$0 copay

1 Prenatal, postnatal and newborn care that are considered Preventive Care Services are covered in full.

2 Contraceptives covered through the member's prescription medication coverage include oral contraceptives, diaphragms, cervical caps, contraceptive patches, condoms and the contraceptive ring. Intrauterine devices (IUDs) are covered under the member's medical benefit.

3 Health Net will cover one retail grade breast pump (either a manual [EO602] or standard electric pump [E0603]) per pregnancy under preventive benefits without medical necessity or prior authorization requirements via a vendor of our choice.

For more in-depth plan information, visit the Health Net microsite.

INFERTILITY COVERAGE

Limited services (partial coverage)	HMO Cost	PPO Cost
Artificial insemination	Covered at plan benefits [5]	Covered at plan benefits [5]
In vitro fertilization (IVF)	Covered at plan benefits limited to a combined 3 completed oocyte retrievals per lifetime and unlimited transfers, per member	Covered at plan benefits limited to a combined 3 completed oocyte retrievals per lifetime and unlimited transfers, per member
Zygote intrafallopian transfer (ZIFT)	Covered at plan benefits limited to a combined 3 completed oocyte retrievals per lifetime and unlimited transfers, per member	Covered at plan benefits limited to a combined 3 completed oocyte retrievals per lifetime and unlimited transfers, per member
Gamete intrafallopian transfer (GIFT)	Covered at plan benefits limited to a combined 3 completed oocyte retrievals per lifetime and unlimited transfers, per member	Covered at plan benefits limited to a combined 3 completed oocyte retrievals per lifetime and unlimited transfers, per member
Infertility drugs [4]	Covered at plan benefits [5]	Covered at plan benefits [5]

4 Infertility drugs are only provided in connection with covered services.

5 Cost of the service will be applied to your plan's standard cost-sharing (e.g., you copay for office visits, inpatient hospital stays, or prescription drugs).



For more in-depth plan information, visit the Health Net microsite.



SPOTLIGHT—HEALTH NET WELLNESS PROGRAMS

Integrated Care Management (ICM)

The Health Net ICM interdisciplinary team of RNs, Social Workers and Pharmacists provide members assistance with physical health, behavioral health, psychosocial needs, and social determinants of health through complex case management, care coordination and chronic condition management. Contact Health Net member services via the phone number on the back of your ID card for more information.

Find Social Services (findhelp)

A program designed to expand access to social services by utilizing a comprehensive, localized search engine. More information about this program can be found here.

Start Smart for Your Baby

Comprehensive support for mothers, targeting maternal and infant health. We encourage you to contact Health Net to register for the program as soon as you know you're expecting! More information about this program can be found here.

ShareCare

A health and wellness app for members, offering guidance on mindfulness and nutrition, stress-relief tools, guided awareness exercises, sleep meditations and more. Click here to register for access.

Additional Programs

Please visit the Wellness Programs section of the Health Net PSBP microsite for information on even more programs aimed at prioritizing your health.

DENTAL PLAN OPTIONS

	Health Net®	Principal™		
	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
PREVENTIVE/DIAGNOSTIC				
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
BASIC PROCEDURES				
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
MAJOR PROCEDURES				
Crowns	Varies up to $200 Copay	40%	50%	50% of UCR
Dentures	Varies up to $425 Copay	40%	50%	50% of UCR
ORTHODONTIA				
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 the Principal POS Dental Plan

When you seek services *in-network*, meaning, from providers listed in the EPO or PPO networks within the POS plan, 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

For more in-depth plan information, visit the Health Net microsite (Dental HMO) or the GBS website (Dental POS).

VISION PLAN

Core Benefits	In-Network	Out-of-Network
	Postdoc Pays	
Vision Examinations	$0 Copay	$40 Allowance
	Every 12 Months	
Corrective Lenses	$10 Copay	$40—$80 Allowance
Conventional Contact Lenses*	$160 Allowance + 15% off remaining balance	Up to $105 Allowance
	Every 12 Months	
Frames	$160 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. Click here or call 866-559-5252 (TTY: 711) for more information.

For more in-depth plan information, visit the Health Net microsite.

LIFE | AD&D PLAN

It is recommended you review your beneficiaries if you experienced any major life events in the past year.

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

*All eligible 3252, 3253, 3235, 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 and should be faxed or mailed to the UC Retirement Administration Service Center (RASC) using the contact information listed on the form.

Please Note: Eligible international postdocs (title codes 3235, 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 Life/ AD&D plan satisfies these requirements, even if the participant waives the medical, dental and vision coverage.



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 24% chance of becoming disabled before reaching full retirement age (Social Security Administration Fact Sheet, June 2026). 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 *pre-disability* 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

Core Benefits	Voluntary Long-Term Disability (LTD)*
Benefit Amount	60% of your *pre-disability* 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 ($12.25 per month), must enroll during your period of initial eligibility.
Cannot be added during Open Enrollment

BRIGHT HORIZONS



Sittercity—it's family help central

Busy days, meet stress-free support. Your Bright Horizons® benefits include free membership to Sittercity, a premium marketplace that will help you find local sitters, pet care, housekeepers, and more.

- Register for your Sittercity access by visiting https://www.sittercity.com/bh-benefits/ucpostdocs and select your campus location
- Post a job in seconds, get instant notifications from interested caregivers, and choose the one that matches your family's needs
- Search detailed caregiver profiles to find care you can trust — free basic background checks included
- As part of your Sittercity membership, you can easily use the online database to find options for all your pet care needs — dog walking; coordinating check-ins, visits, pick-ups, and drop-offs; pet sitters and/or overnight care; bathing, grooming, and training resources; and more.

FLEXIBLE SPENDING ACCOUNTS (Health FSA)

NOTE: For existing postdocs, re-election of the FSA was required during Open Enrollment for 2027 participation

What is a Flexible Spending Account (FSA)?

A Flexible Spending Account (FSA) is an employee benefit (**available to title code 3252, 3235, 3255, 3256 postdocs only**) that allows you to have pre-tax dollars withheld from your paycheck to pay for eligible health care or dependent care expenses. It covers not just your medical expenses, but also the expenses of your spouse and tax dependents. These plans are regulated by the IRS and funds typically must be used within the plan year. You may be eligible to carryover funds or incur claims through a grace period.

	Health FSA	Dep Care FSA
Purpose	Covers eligible medical, dental, and vision care expenses that are not covered by your health plan for you and your tax dependents.	Covers eligible child and adult/elder care expenses. **Not to be used for dependent medical expenses.**
Annual IRS Election Limit (2027)	Min: $180 Max: $3,400	Min: $180 Max: $7,500 per household ($3,200 max if earned > $160k in 2026)
Examples of Qualified Expenses	• Deductibles • Coinsurance • Copays • OTC medications (contact lens solution, pain relievers, etc.)	• Preschool • Summer day camp • Before or after school programs • Childcare • Adult/elder care

Claims Deadlines and Grace Periods

	Health FSA	Dep Care FSA
Plan Year	Jan 1, 2027 – Dec 31, 2027	
Deadline to Incur Claims	Dec 31, 2027	Mar 15, 2028 if account status is active on Dec 31, 2027 *Claims incurred during grace period can be reimbursed with 2027 unused balance.*
Deadline to Submit Claims	Apr 15, 2028	

Health Care FSA Carryover – Only available for Health Care FSA funds

- The carryover allows you to roll over up the certain amount into the next plan year
- The **2027 carryover amount is $680** which applies to the carryover balance from 2027 to 2028
- Funds are available **January 2028**
- Any balance in excess of the carryover maximum are forfeited
- You need to be **enrolled in the plan on December 31**, in order to be eligible for carryover

Benefits Debit Card free for all enrollments

FLEXIBLE SPENDING ACCOUNTS (Dependent Care FSA)

NOTE: For existing postdocs, re-election of the FSA was required during Open Enrollment for 2027 participation

www.wexinc.com
866-451-3399 · 866-451-3245
PO Box 2926 · Fargo, ND 58108-2926
forms@wexinc.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)

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.

F001

Available to title code 3252, 3235, 3255, 3256 postdocs only.

K101

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
Dedicated Health Net Microsite	https://psbp.healthnetcalifornia.com/
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/





Gallagher

Insurance | Risk Management | Consulting

Gallagher Benefits Services

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.