

Medicare Fact Sheet

UNIVERSITY
OF
CALIFORNIA

For More Information About Medicare

These organizations may be able to answer your questions about Medicare.

Medicare plan benefits

Centers for Medicare and Medicaid Services (CMS)
800-633-4227
medicare.gov

Enrolling in Medicare and premium payments

Social Security Administration (SSA)
800-772-1213
www.ssa.gov

General health insurance and Medicare information

Health Insurance Counseling and Advocacy Program (HICAP)
800-434-0222
www.cahealthadvocates.org

If you're 65, chances are you're eligible for Medicare—the federal program begun in the 1960s to provide those over age 65 with secure access to medical care.

If you're still working at UC, your UC medical plan remains your primary coverage, but you may need to make some decisions about Medicare for yourself or a family member who is turning 65.

If you're retired, UC offers several plans that coordinate with Medicare. Often this coordination means that you pay less for certain medical expenses than you would if you had only Medicare coverage and didn't have UC-sponsored coverage.

The plans are also available to younger people who qualify because of disability or permanent kidney failure.

This fact sheet covers the basics of Medicare, including when to enroll and how it works together with UC-sponsored medical plans. It also includes information comparing the coverage and costs of the UC-sponsored medical plans that coordinate with Medicare.

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Tip
To keep your UC-sponsored retiree medical coverage, you need to enroll in Medicare at the appropriate time (see “How and When to Enroll in Medicare” on page 7) and keep current on your Medicare premium payments. Remember that once you retire, Medicare becomes your primary medical insurer; the UC-sponsored plan is secondary and depends on your keeping your Medicare coverage. *If you don't keep up with your Medicare premiums, you could lose your UC coverage.*

If you're disabled, please also see *Your Guide to Disability Benefits* for important information that applies to you.

The A, B, C and D of Medicare

Medicare’s terminology can be confusing at first, but once you understand a few essentials, it becomes pretty straightforward. Medicare has four parts: A, B, C and D.

Part A covers hospital inpatient care, skilled nursing and hospice care, and home health services. It’s “premium free,” as long as you, your spouse or your ex-spouse have worked full time for 10 years and paid Social Security taxes. If you qualify through your spouse or ex-spouse, you need to have been married at least 10 years.*

Part B covers outpatient medical services like doctor visits, including some preventive care as well as ambulance services, mental health care, and equipment like wheelchairs and walkers.

You must pay a monthly premium to maintain Medicare Part B coverage; under Medicare regulations, this monthly premium is higher for those with higher incomes. Part B premiums are paid to the Social Security Administration (SSA). If you’re receiving Social Security income, the premiums will be deducted from your monthly Social Security benefit. If not, Social Security will bill you directly.

If you’re eligible for one of UC’s Medicare-coordinated medical plans, it’s possible that you’ll get a portion of your Part B premium refunded to you. That’s because the amount UC contributes toward your retiree medical benefits is sometimes higher than the total cost of the premium. If this is the case, the university will refund part of the amount that you pay for your Medicare Part B premiums. (The reimbursement is added to your UCRP monthly pension benefit payment.) To be eligible for any reimbursement, you must have assigned your Medicare to the UC medical plan at the appropriate time by filling out a form and maintaining continuous enrollment by paying both your Part B and UC medical plan premiums on time.

Be aware, though, that the Part B reimbursement will decrease in future years. UC is gradually reducing the percentage that it contributes to retiree health premiums. For 2017, UC’s contribution covers, on average, 71 percent of the total premium.

* To learn more about how you may qualify through a spouse, former spouse or deceased spouse, please contact the Social Security Administration at 800-772-1213 or visit ssa.gov.

Part C is different—it doesn’t refer to a separate subsection of care like Parts A, B and D. Instead, it’s another term for Medicare Advantage plans—a type of Medicare-approved plan run by private companies. UC’s HMO plans offer Medicare Advantage options. Under these arrangements, you’re required to assign your Medicare Parts A and B benefits to your plan (enrollment into D is automatic), and to maintain that assignment. In return, the plan provides all of your benefits. To learn more about how this works, see “How UC Medical Plans Work with Medicare,” on page 11.

Part D covers prescription drugs. The cost is folded into your UC-sponsored medical plan; however, those with higher incomes are charged an income-related amount by Medicare. Most UC retirees don’t pay an extra premium for Part D coverage, but you may pay a premium if your income is above a certain dollar amount. See “More about Part D” for information about how Part D coverage coordinates with specific UC Medicare medical plans.

SOCIAL SECURITY AND MEDICARE

People tend to link Social Security and Medicare, but there are many instances when they are not connected. For example, the age at which individuals are eligible for their full Social Security benefit may be later than age 65, but the Medicare eligibility age remains at 65. Also, some long-term faculty and staff have not made contributions to Social Security, and thus are not eligible for Medicare. If this applies to you, you will continue to be enrolled in a non-Medicare medical plan—unless you are eligible for Medicare through a spouse, former spouse or other work credit from a different employer.

When you turn age 65, you must sign up for Medicare, if you’re eligible—**unless you are still working**. If you don’t sign up by the date you turn age 65, you will pay a significant penalty on top of your monthly Medicare premium and you risk termination of your medical plan. Once you sign up for Medicare, you’ll move to a UC-sponsored medical plan that coordinates with Medicare. If you’re not eligible for Social Security, send proof to UC and you’ll continue in your UC-sponsored non-Medicare medical plan. If you are eligible for Social Security, you can still enroll in Medicare without electing Social Security.

YOUR RESPONSIBILITY

MEDICARE PART D AND YOUR UC MEDICAL PLAN

In most cases, your Medicare Part D prescription drug coverage coordinates with your UC medical plan. **You don't need to—and should not—buy or participate in Part D coverage from any other source.**

In order to ensure that your Part D coverage and your UC coverage work together properly, you must “assign” your Part D benefits to your medical plan. If you enroll in the UC Medicare PPO or UC High Option Supplement to Medicare, you need to complete the *Medicare Prescription Drug Plan (PDP) Enrollment Form* (UBEN 123) available on UCnet (ucnet.universityofcalifornia.edu). Each Medicare member completes his or her own form.

MEDICARE ADVANTAGE PLANS

If you enroll in Kaiser Senior Advantage or Health Net Seniority Plus, you must complete the *Medicare Advantage Universal Enrollment Form* to assign your Medicare benefits to the plan. For Kaiser, use form UBEN 127 and for Health Net, UBEN 125.

MEDICARE AND OTHER EMPLOYER OR RETIREE PLANS

Under Medicare rules, you're not allowed to be enrolled in more than one “creditable” Part D (or Medicare Advantage) plan. (“Creditable” just means that the plan's coverage is likely to pay at least as much as the standard Medicare benefit.)

So if you have Medicare-coordinated insurance with another employer or retiree plan that includes creditable Part D prescription drug coverage, you cannot also have Part D creditable coverage with a UC plan. If you decide to keep the other plan, you may be able to suspend your UC coverage, or enroll in UC Medicare PPO without Prescription Drugs. To learn more about suspending coverage, take a look at the *Group Insurance Eligibility Fact Sheet for Retirees and Eligible Family Members* (ucnet.universityofcalifornia.edu/forms/pdf/group-insurance-eligibility-factsheet-for-retirees.pdf).

IF YOU LOSE UC-SPONSORED MEDICARE COVERAGE

Under Medicare rules, if you are enrolled in Medicare you need to maintain continuous creditable prescription drug coverage whether you have a Part D or Medicare Advantage plan. To do this, you must continue paying your Medicare premium to Social Security as well as your medical plan premium to UC (if you have one; your payment to UC is usually deducted from your monthly pension check). If you have a break in coverage and don't enroll in another plan with prescription drug coverage within 63 days, Medicare may charge you a permanent late enrollment penalty.

If you're subject to a Part B or D premium and don't make your payments to Social Security, you could lose your UC medical coverage.

YOUR COSTS FOR MEDICARE COVERAGE

Medicare Part A is usually premium-free. There is always a monthly premium for Part B coverage. You pay the Social Security Administration for your Part B premium. Usually it is deducted from your Social Security benefit or you are billed quarterly.

The standard Part B premium amount in 2017 is \$134.00 (or higher depending upon your income). However, if you pay your Part B premium through your monthly Social Security benefit, you pay less (\$109.00 on average). Social Security will tell you the exact amount of your Part B premium.

You pay the standard premium amount if:

- You enroll in Part B for the first time in 2017
- You don't get Social Security benefits
- You're directly billed for your Part B premiums
- You have Medicare and Medicaid, and Medicaid pays your premiums (your state will pay the standard premium amount of \$134.00)
- Your modified adjusted gross income as reported on your IRS tax return from two years ago is above a certain amount

Individuals with a Modified Adjusted Gross Income (MAGI) reported on their federal tax return in 2015 of more than \$85,000 (more than \$170,000 for married

The A, B, C and D of Medicare

couples) will pay \$134.00 plus an additional amount based on their income (see chart on page 6). If you had a major life-changing event such as a work stoppage or reduction and your income has gone down, you may use form SSA-44 from the Social Security Administration (available at www.socialsecurity.gov/forms/ssa-44.pdf) to request a reduction in your income-related monthly adjustment amount.

The UC-sponsored medical plans coordinate Medicare Part D (prescription drug) coverage with the plan's coverage. Most people are not charged a premium for Part D. However, as with Part B, you may pay a Part D premium based on your MAGI (see chart at right). These Medicare premiums are in addition to any premium you pay to UC for your UC insurance.

MEDICARE PREMIUMS

As described above, most people will continue to pay \$109.00 in 2017 for Medicare Part B. The chart below applies only to people who will have higher premiums in 2017.

Modified Adjusted Gross Income (MAGI)	Part B monthly Premium* amount/person	Part D monthly Premium* amount/person
Individuals with MAGI of \$85,000 or less and married couples with a MAGI of \$170,000 or less	Standard premium = \$134.00	\$0
Individuals with MAGI of \$85,001 to \$107,000 and married couples with MAGI of \$170,001 to \$214,000	Standard premium + \$53.50	Your initial plan premium** + \$13.30
Individuals with MAGI of \$107,001 to \$160,000 and married couples with MAGI of \$214,001 to \$320,000	Standard premium + \$133.90	Your initial plan premium** + \$34.20
Individuals with MAGI of \$160,001 to \$214,000 and married couples with MAGI of \$320,001 to \$428,000	Standard premium + \$214.30	Your initial plan premium** + \$55.20
Individuals with MAGI above \$214,001 and married couples with MAGI above \$428,001	Standard premium + \$294.60	Your initial plan premium** + \$76.20

* These premium amounts are set by Medicare, not the university.

** For most UC retirees, the Part D plan premium will be \$0.

How and When to Enroll in Medicare

You'll most likely become eligible for Medicare when you turn 65, but it could happen earlier as a result of becoming disabled or being diagnosed with permanent kidney failure or ALS (amyotrophic lateral sclerosis).

If you are an employee, UC will send you a letter about Medicare a few months before you reach age 65. As long as you are an employee, you will remain in your current UC medical plan regardless of whether you enroll in Medicare.

If you're a retiree, UC will send you a Medicare information packet that includes forms and instructions three months before your 65th birthday. In general, Medicare and UC require enrollment by age 65.

It's generally to your advantage to follow the guidelines below. These guidelines also apply to any covered family members who become eligible for Medicare.

IF YOU TURN 65 AND YOU'RE STILL WORKING

MEDICARE PART A

If you're receiving Social Security, Railroad Retirement or Civil Service benefits, you'll be enrolled automatically in Part A. If you want to defer enrollment, contact Social Security or follow the instructions sent with the Medicare card you receive in the mail.

Even if you're not receiving Social Security or the other benefits mentioned above, you may want to enroll in Medicare Part A, hospital insurance, because there is no premium if you have worked for 10 years and had Social Security taxes deducted. Your UC coverage will remain your primary coverage, and your Medicare Part A may contribute something toward your medical expenses. Contact the Social Security Administration (800-772-1213) to enroll.

Important Note: If you are enrolled in UC Health Savings Plan, you may want to defer enrollment in Medicare Part A and/or B while you are working because Medicare enrollees cannot contribute to a Health Savings Account. If you or a covered family member enrolls in Medicare, you should contact your local benefits office to enroll in a different UC medical plan. While you may be able to continue making contributions for the rest of the plan year, the amount will be pro-rated. Contact Health Equity at 866-212-4729 for more information.

MEDICARE PART B

If you're already receiving Social Security, Railroad Retirement or Civil Service benefits when you become eligible for Medicare, Social Security will automatically enroll you in Part B. But you are not required to enroll while you are working if you have employer-sponsored medical coverage. Most employees wait until they retire because of the cost of Medicare Part B premiums. At retirement, you'll have a special enrollment period, during which you will not be subject to late enrollment penalties. Be sure to contact Social Security shortly before you retire to enroll or enroll online at [medicare.gov](https://www.medicare.gov).

Domestic partners covered by UC employees need to enroll in Part B at age 65 to avoid potential penalties, unless they have coverage from another employer.

Note: Actively employed Kaiser members might want to enroll in Part B at 65. Once you enroll, you can assign your Medicare benefits to Kaiser. In return, Kaiser will enroll you into the "working aged" plan which will waive medical and pharmacy co-payments, and provide chiropractic and enhanced hearing aid coverage and an eyewear allowance not provided in your employee plan. You continue to pay the employee rate for this plan until you become a retiree, in addition to your Medicare Part B monthly premium.

Tip

If you're still working and covered by both your employer plan and Medicare, it's a good idea to show your employer group health plan ID card when you visit your doctor or hospital to obtain services. Tell your provider to submit claims to your UC plan first and Medicare second. If you don't, there could be mix-ups in processing your claims. If you have questions about your coverage, please contact the UC Retirement Administration Service Center at 800-888-8267.

How and When to Enroll in Medicare

IF YOU'RE OVER AGE 65 AND YOU RETIRE

If you are already enrolled in Medicare and paying Part B premiums, notify Medicare right away that you are no longer working. Your record will be changed to make Medicare primary for any claims incurred after you retire. If you do not notify Medicare, claims may be processed incorrectly.

If you are not enrolled in Medicare Parts A and B, you can apply up to 90 days before you retire. Call Social Security (800-772-1213) for the office nearest you or enroll online at [medicare.gov](https://www.medicare.gov). If you are eligible and don't enroll, Medicare can charge you a permanent 10 percent penalty for each full year you could have had Part B and didn't: 1 percent per month for each full month that you didn't have Part D or other creditable coverage.

If you don't enroll in Part B or if you enroll and later stop paying for Part B and/or D, Medicare notifies the university that you are no longer eligible for the Medicare plan. UC will then move you to the non-Medicare plan, stop any Part B reimbursement and charge you a significant penalty per month while you are not enrolled in Medicare. Your UC-sponsored medical plan will be terminated if you do not re-enroll promptly.

If you or your family members turn age 65 and are not eligible for premium-free Part A, you'll need to send UC a copy of the denial letter from the Social Security Administration. To get a denial letter, you must apply for Medicare. Under these circumstances, UC doesn't require you to enroll in Medicare.

IF YOU AND YOUR SPOUSE OR DOMESTIC PARTNER ARE BOTH UC EMPLOYEES

If one of you continues working and the other retires, what happens to your UC insurance and what actions you need to take regarding Medicare vary depending on your circumstances.

If you each have separate UC insurance and you retire: If you are Medicare-eligible, you will enroll in Medicare and change to the Medicare version of your current UC plan. If your working spouse/partner is Medicare-eligible, he or she does not have to enroll in Medicare while employed and will retain his or her current UC employee plan. If either person wants to change their plans, they may do so at the next Open Enrollment.

If you are covered under your working spouse/partner's UC insurance and you retire: Whether or not you are eligible for Medicare, you have the option to continue coverage in your current UC employee plan until your working spouse/partner leaves UC employment or stops your coverage during an Open Enrollment. Generally, if you are covered under an employer-sponsored medical plan you may delay enrollment into Medicare. However, domestic partners are encouraged to contact the Social Security Administration before age 65; different rules may apply.

If either person wants to change plans or opt for separate coverage, or if you wish to cover your working spouse/partner after you retire, you may make those changes during the next Open Enrollment. Duplicate coverage under a UC employee and retiree plan is not allowed.

IF YOU TURN 65 AND YOU'RE ALREADY RETIRED

Enroll in Parts A, B and D. This isn't optional—it's required if you are eligible and you want to continue your eligibility for UC-sponsored medical coverage. You may also be subject to lifelong Medicare penalties if you don't sign up as soon as you're eligible. (There is an exception; please see "If You Live Outside the U.S." for details.) UC will also assess penalties for non-enrollment, and you could be permanently de-enrolled from your UC coverage.

KEEP PAYING YOUR MEDICARE PART B OR PART D PREMIUMS

If you stop paying Social Security for your Part B and/or Part D premiums, Medicare notifies the university that you are no longer eligible for the Medicare plan. UC will then move you to a non-Medicare plan, stop any Part B reimbursement and charge you a significant penalty per month while you are not enrolled in Medicare. To re-enroll, you may be required to re-assign your Medicare to your UC plan. Your UC-sponsored medical plan will be terminated if you do not re-enroll promptly.

To re-enroll in Medicare, contact the Social Security Administration by phone 800-772-1213 or online at [ssa.gov](https://www.ssa.gov).

IF YOU ARE OVER 65 AND RETURN TO WORK AT UC

If you're retired and return to work at UC, you may need to enroll in a non-Medicare employee plan.

If you're rehired after retirement, you're allowed to work an average of no more than 43 percent time during a 12-month period. In most cases, if your appointment is within this policy, your retiree benefits will continue and Medicare remains your primary coverage. Your retiree benefits also continue if you are appointed by agreement or are in a per diem appointment.

If you become eligible for UC employee medical coverage because of your rehired appointment, though, federal law requires that Medicare no longer be your primary coverage. That means you'll have to suspend your retiree medical plan and enroll in a non-Medicare plan. Medicare would then become your secondary, or backup, coverage. Your other option is to drop UC-sponsored retiree and employee medical coverage and have coverage by Original Medicare only.

Your local Benefits Office and the Retirement Administration Service Center can advise you about how your employment will affect your Medicare enrollment. If you enroll in an employee plan, your premium will be deducted from your employee earnings and, in most cases, your premium will increase. If you are receiving any Medicare Part B reimbursement from your UC retiree plan, it will stop. You also need to complete a *Medicare Advantage or Prescription Drug Plan Disenrollment Form (UBEN 101)* to stop assignment of Medicare to your UC plan. While you are covered as an employee, be sure to show your employee medical plan ID card (not your Medicare card) to your doctor for correct claims payment.

Note: If you are eligible for employee medical coverage as a result of returning to work at UC, you may suspend your UC retiree coverage and cancel your Medicare Part B enrollment through Social Security while you are working. Be sure to re-enroll in Medicare and your UC retiree insurance immediately when you end employment, to avoid penalties and comply with UC requirements.

If you become newly-eligible for UC's health and welfare retiree plan benefits as a result of your return to UC employment, please contact your local Benefits Office or the Retirement Administration Service Center for a review.

IF YOU LIVE OUTSIDE THE U.S.

Medicare doesn't cover health services outside the U.S. UC waives the requirement that you enroll in Parts A, B and D if you permanently live outside the country and have a foreign address listed with UC. If you're eligible for premium-free Part A when you return to the U.S., you'll be required to enroll in Part B and change your address with UC at that time. Be aware that Medicare may charge you a permanently higher premium if you enroll or re-enroll past age 65.

UC Medical Plans for Medicare Enrollees

UC-sponsored medical plans offer separate plans for Medicare enrollees. The Medicare version may have different benefits, service areas, behavioral health providers and doctors than the non-Medicare version. The Medicare plans that correspond with UC-sponsored non-Medicare plans are listed below:

Non-Medicare	Medicare
Core	UC Medicare PPO
Health Net Blue & Gold HMO	Health Net Seniority Plus
Kaiser Permanente CA	Kaiser Permanente Senior Advantage
UC Care	UC Medicare PPO
UC Health Savings Plan	Not available
Western Health Advantage (WHA)	Not available
Not available	UC Medicare PPO without Prescription Drugs*
Not available	UC High Option Supplement to Medicare*

* These plans can be selected during Open Enrollment or if you have a qualifying event that allows you to enroll in any plan.

Tip

If you or a family member is enrolled in Medicare, you must complete the form to assign your Medicare benefits to your UC medical plan in the following situations:

- At the time you turn 65
- If you change medical plans during Open Enrollment
- When you return to the US after living abroad
- When you return to retiree medical coverage after working at UC more than 43 percent time
- If you return to a Medicare plan after a period of enrollment in a non-Medicare plan

YOU MUST GET YOUR CARE FROM MEDICARE PROVIDERS

To receive plan benefits under any UC-sponsored Medicare plan, you must use a provider who participates in Medicare. If your doctor does not take Medicare patients or will only treat you under a “private contract” directly with you, neither Medicare nor your UC-sponsored medical plan will cover the services. The year before you turn 65, ask your doctor if he or she accepts patients with Medicare, check the carrier website or check Medicare’s website (medicare.gov). If your doctor takes only non-Medicare patients, you may need to select a new doctor during the Open Enrollment period before you turn 65. (See “Changing Plans,” for more information.)

WHAT HAPPENS TO BEHAVIORAL HEALTH BENEFITS

When you enroll in Medicare and transfer to a UC Medicare-coordinated plan, your behavioral health benefits may change. Your provider network may be different and you may need to obtain new authorizations or referrals to new providers. If you are receiving behavioral health benefits when your Medicare coverage becomes active, get in touch with your medical plan before you turn 65 to find out the specifics of how your benefits will change and what you need to do. If you don’t switch to a Medicare doctor, you may have to pay the charges yourself.

CHANGING PLANS

Generally, becoming eligible for Medicare alone will not create a period of initial eligibility (PIE) that would allow you to change plans. You can change plans only during Open Enrollment (or if you have another qualifying event, such as moving out of the plan’s service area or marriage).

There are a couple of exceptions to this. One is if you’re enrolled in the UC Health Savings Plan or Western Health Advantage plans. Since these plans do not have Medicare versions, you’ll need to select a new plan when you become eligible for Medicare. Those in UC Care and Core will be enrolled in the UC Medicare PPO upon receipt of the Part D form and approval from Medicare. If you’re enrolled in Kaiser or Health Net Blue

& Gold and the Medicare version isn't available where you live, then you and your family may transfer to any UC-sponsored Medicare plan available in your area.

If you're enrolled in the UC High Option Supplement to Medicare or the UC Medicare PPO without Prescription Drugs plan and you add a non-Medicare family member, you'll need to select a new plan. All covered family members must be in Medicare in order to enroll in these two plans.

HOW UC MEDICAL PLANS WORK WITH MEDICARE

HEALTH NET, KAISER-CA

Medicare pays a flat fee to these plans each month, and the HMO agrees to assume full responsibility for your care.

Both of these plans require you to complete a form. For Kaiser, complete the *Medicare Advantage Universal Enrollment/Election Form for Kaiser Senior Advantage* (UBEN 127). For Health Net, complete the *Medicare Advantage Universal Enrollment/Election Form for Health Net/Seniority Plus* (UBEN 125). Both forms are available on UCnet and must be completed before your Medicare coverage will be effective. Send the form directly to the plan with a copy to UC; the address is on the form.

UC MEDICARE PPO, UC HIGH OPTION SUPPLEMENT TO MEDICARE AND UC MEDICARE PPO WITHOUT PRESCRIPTION DRUGS

When you receive services, Medicare is the primary payer, and the plan is secondary. With these plans, you may see any Medicare provider. If your Medicare provider "accepts assignment," he/she will accept the Medicare-approved rate for services.

If your provider does not accept Medicare assignment, he or she can bill you for the amount over the Medicare allowable rate. This is called "balance billing."

You do not assign your Medicare Part A and B benefits to these plans, but you do assign your Part D prescription drug coverage, if your plan offers prescription drug coverage. Send the *Medicare Prescription Drug Plan (PDP) Enrollment Form* (UBEN 123) directly to UC; the address is on the form.

Note: UC Medicare PPO without Prescription Drugs is available only to retirees with Medicare who have Medicare Part D or creditable prescription drug coverage through another creditable plan. Proof may be requested.

IF YOU LIVE OUTSIDE CALIFORNIA

UC provides retirees who live outside California and whose covered family members are all eligible for Medicare, a Medicare Coordinator Program administered by OneExchange. This program offers:

- Choice: a larger selection of local plans, including Kaiser, where available
- Value: plans to fit every budget
- Flexibility: each family member can choose a separate plan to meet his/her needs
- Personalized support from OneExchange

UC will provide an annual contribution under an HRA—health reimbursement arrangement—to help you pay for the Medicare plan you choose. Depending on your choice, there could be funds left in the HRA to cover additional out-of-pocket costs and Part B premiums. If you are covering Medicare-eligible family members, such as a spouse or domestic partner, UC will contribute to the HRA for them also.

If you're eligible for this program, you will receive detailed information by mail in early September about what you need to do for coverage that begins the following January. If your eligibility changes before Dec. 31, please contact the Retirement Administration Service Center. If you want to learn more about OneExchange, please call 855-359-7381 (TTY: 711) or visit medicare.oneexchange.com/uc.

What You Pay for Services

The following charts give some examples of what you might expect to pay for medical services. These are examples; your actual costs, coverage and payments may be different. For more information, see your medical plan's Evidence of Coverage booklet available on ucnet.universityofcalifornia.edu.

	Doctor Visit	Hospitalization	Prescription Drug Copay (Generic/Brand/Non-Formulary)								
Health Net Seniority Plus	You pay \$20 copay; Medicare and plan pay the rest. Preventive physical exam: No charge	You pay \$250 copay per admittance. Medicare and plan pay the rest.	Retail (up to 30-day supply): \$5/\$25/\$40 Mail Order (up to 90-day supply): \$10/\$50/\$80; Specialty and self-injectible drugs: \$25								
Kaiser Permanente Senior Advantage	You pay \$20 copay; Medicare and plan pay the rest. Preventive physical exam: No charge	You pay \$250 copay per admittance. Medicare and plan pay the rest.	Retail (up to 30-day supply): \$5/\$25; 31–60-day supply: \$10/\$50; 61–100-day supply: \$15/\$75 Mail Order: Refills can be arranged up to 30-day supply: \$5/\$25; 31–100-day supply: \$10/\$50								
UC Medicare PPO¹ UC Medicare PPO without Prescription Drugs^{1,2}	<ul style="list-style-type: none"> • Medicare pays 80% of Medicare allowable • Plan pays 80% of remaining eligible expenses • You pay 20% of remaining eligible expenses plus any excess charges <p>Example:</p> <table> <tr> <td>Medicare allowable:¹</td> <td>\$150</td> </tr> <tr> <td>Medicare pays:</td> <td>\$120</td> </tr> <tr> <td>Plan pays 80% of balance:</td> <td>\$24</td> </tr> <tr> <td>You pay:</td> <td>\$6</td> </tr> </table> <p>Preventive physical exam: No charge (deductible waived)</p>	Medicare allowable: ¹	\$150	Medicare pays:	\$120	Plan pays 80% of balance:	\$24	You pay:	\$6	<p>First 60 days:</p> <ul style="list-style-type: none"> • Plan pays Medicare Part A Deductible (\$1,316 in 2017) • Medicare pays the balance <p>Days 61–90:</p> <ul style="list-style-type: none"> • Medicare pays all but \$329 per day • Plan pays 80% of \$329 per day • You pay 20% (\$65.80) of \$329 per day <p>Days 91 and beyond³:</p> <ul style="list-style-type: none"> • Plan pays 80% of eligible expenses • You pay 20% of eligible expenses 	<p>UC Medicare PPO:</p> <p>Retail (30-day supply): \$10/\$30/\$45 Mail Order (90-day supply): \$20/\$60/\$90</p> <p>UC Medicare PPO without Prescription Drugs: No prescription drug benefits</p>
Medicare allowable: ¹	\$150										
Medicare pays:	\$120										
Plan pays 80% of balance:	\$24										
You pay:	\$6										
UC High Option Supplement to Medicare¹	<ul style="list-style-type: none"> • Medicare pays 80% of Medicare allowable • Plan generally pays remaining 20% <p>Example:</p> <table> <tr> <td>Medicare allowable:¹</td> <td>\$150</td> </tr> <tr> <td>Medicare pays:</td> <td>\$120</td> </tr> <tr> <td>Plan pays:</td> <td>\$30</td> </tr> <tr> <td>You pay:</td> <td>\$0</td> </tr> </table> <p>Preventive physical exam: No charge (deductible waived)</p>	Medicare allowable: ¹	\$150	Medicare pays:	\$120	Plan pays:	\$30	You pay:	\$0	<p>First 60 days:</p> <ul style="list-style-type: none"> • Plan pays Medicare Part A Deductible (\$1,316 in 2017) • Medicare pays the balance <p>Days 61–90:</p> <ul style="list-style-type: none"> • Medicare pays all but \$329 per day • Plan pays \$329 per day • You pay nothing <p>Days 91 and beyond³:</p> <ul style="list-style-type: none"> • Plan pays 80% of eligible expenses • You pay 20% of eligible expenses 	<p>Retail (30-day supply): \$10/\$30/\$45 Mail Order (90-day supply): \$20/\$60/\$90</p>
Medicare allowable: ¹	\$150										
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Plan pays:	\$30										
You pay:	\$0										

1 UC Medicare PPO, UC Medicare PPO without Prescription Drugs and UC High Option Supplement to Medicare examples assume that you have met your annual deductible, and that your doctor accepts Medicare assignment. After you meet your annual out-of-pocket maximum, your plan will pay 100% of your covered expenses. Actual charges for office visits are usually higher than the Medicare allowable amount. If your doctor does not accept Medicare assignment, you are also responsible for balance billing. Call the plan for details.

2 Retirees may enroll in this plan only if: all family members have Medicare, and all family members have outpatient prescription drug coverage (as verified by the federal Centers for Medicare and Medicaid Services) through a non-UC Medicare Part D prescription drug plan.

3 Costs are different if using 60 lifetime reserve days. See plan booklet for details.

Emergency	Durable Medical Equipment	Routine Vision Screenings	Hearing Exams/ Hearing Aids	Chiropractor	Acupuncture
You pay \$65 copay (waived if admitted); Medicare and plan pay the rest.	No charge	\$20 (no charge if part of a routine physical exam)	Exam: \$20 (no charge if part of a routine physical exam) Aids: 2 standard hearing aids (analog or digital) every 36 months at no charge (maximum \$2,000)	\$20 (20 visit limit/ calendar year)	Not covered (discount program available)
You pay \$65 copay (waived if admitted); Medicare and plan pay the rest.	No charge	\$20 (no charge if part of a routine physical exam)	Exam: \$20 (no charge if part of a routine physical exam) Aids: Standard hearing aids every 36 months, \$2,500 maximum per ear (medically necessary)	\$20 (manual manipulation as covered by Medicare only); covered as medically necessary when approved by a plan provider	\$20; covered as medically necessary when approved by a plan provider
<ul style="list-style-type: none"> • Medicare pays 80% • Then plan pays 80% of the eligible balance • You pay amount remaining 	<ul style="list-style-type: none"> • Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance 	No charge if part of a routine physical exam, otherwise not covered.	Exam: No charge if part of a routine physical exam (deductible waived) Aids: You pay 20% (maximum 2 hearing aids every 36 months, analog or digital)	<ul style="list-style-type: none"> • Medicare pays 80% of approved services (manual manipulation of the spine) • Plan pays 80% of the balance • You pay the remainder and all costs for other services or tests 	You pay 20% (deductible applies) (24 visit limit/ calendar year)
<ul style="list-style-type: none"> • You pay nothing • Medicare and plan pay 100% 	No charge, if covered by Medicare	No charge if part of a routine physical exam, otherwise not covered.	Exam: No charge if part of a routine physical exam Aids: You pay 20% (maximum 2 hearing aids every 36 months, analog or digital)	<ul style="list-style-type: none"> • Medicare pays 80% of approved services (manual manipulation of the spine) • Plan pays balance • You pay nothing • You pay all costs for other services or tests 	You pay 20% (deductible applies) (24 visit limit/ calendar year)

What You Pay for Services

	Calendar Year Deductible ¹	Annual Out-of-Pocket Maximum—Medical Benefits ²	Prescription Drugs: Calendar Year Out-of-Pocket Maximums	Medical Services when Traveling Outside of U.S. ⁴
Health Net Seniority Plus	\$0	\$1,500 per member per year	\$2,000 per member	Emergencies/urgent care covered; inpatient care requires authorization from the plan. (PCP/HMO must be notified, you may need to file for reimbursement.) For other services you pay full costs: plan and Medicare do not pay.
Kaiser Permanente Senior Advantage	\$0	Individual: \$1,500 Family (3 members or more): \$3,000	\$4,950 per member	Emergencies/urgent care covered; inpatient care requires authorization from the plan. HMO must be notified. You may need to file for reimbursement. For other services, the plan does not pay.
UC Medicare PPO³	\$100 per member	\$1,500 per member	\$4,950 per member	You pay 20% of billed charges after deductible.
UC Medicare PPO without Prescription Drugs³	\$100 per member	\$1,500 per member	NA	You pay 20% of billed charges after deductible.
UC High Option Supplement to Medicare³	\$50 per member	\$1,050 per member	\$1,000 per member	You pay 20% of billed charges after deductible.

- 1 This is the amount you must pay before the medical plan begins to pay a percentage of the total cost of your benefits. Until this deductible is met, you pay the total cost of services not covered by Medicare. It's a good idea to review each plan's annual deductible and monthly premium carefully to decide which plan is the best for you.
- 2 This is the most you'll pay for your copayments or coinsurance during a calendar year. After you have paid this amount, the plan may pay benefits at 100 percent after Medicare. Some expenses, though, do not apply toward the maximum (for details, please see the Evidence of Coverage booklet for your plan).
- 3 Deductible applies to non-Medicare covered services only.
- 4 Does not apply if your permanent address is outside the U.S.

LIFETIME MAXIMUM

There are no lifetime maximums for these plans. However, there are limits on some individual benefits. For details, please see the Evidence of Coverage booklet for your plan.

Tip

Use these resources to get more information about Medicare:

- UC Evidence of Coverage (EOC) Medicare plan booklets available at ucnet.universityofcalifornia.edu
- *Medicare @ You* handbook available at www.medicare.gov
- Health Insurance Counseling and Advocacy Program (HICAP) 800-434-0222
- Extra Help (low income subsidy) available at www.ssa.gov/medicare/prescriptionhelp
- *Medicare Income-Related Monthly Adjustment Amount—Life-Changing Event* (Form SSA-44) available at www.socialsecurity.gov/forms/ssa-44.pdf

By authority of the Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact their Human Resources Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

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