Welcome everyone and thank you for joining. We are here to present on the UC Retiree Health Benefits. This presentation is for those who are nearing or considering their retirement from UC.

We will provide an overview of the UC Retiree Health Benefits including eligibility, premiums, Medicare and more. We will also provide tools and resources to assist you through the transition to UC retiree health.
In this presentation we will cover: Eligibility, Premiums & Your Retiree Health Group, Medicare & UC Medical Plans, Transition into Retirement and wrap it up with Frequently Asked Questions.
As an important part of our retirement benefits, UC is committed to offering ongoing retiree health benefits to those who qualify.

It is important to know that these benefits are separate from the retirement pension and are not a vested benefit.

This means plan designs can change from year to year and UC’s contributions to these benefits may change or be discontinued at any time, which impacts your share of the costs.
Let’s take a look at eligibility of retiree health and welfare benefits.
Retiree Health & Welfare Benefits can include Medical, Dental, Legal, Vision, AD&D and Pet Insurance.

In general, you may keep most of the plans you had as an employee.
To be eligible for retiree health benefits:

- **Enrolled** or eligible to be enrolled in UC employee benefits
- **10 or more years** of Retiree Health service credit
- Elect **monthly retirement income** *
- **Retirement date within 120 days** of the date you separate from UC employment
- **Continuous coverage** until your retiree eligibility begins
- If you are **rehired after a break in service**, you must work at least **12 months in an eligible position**

*You forfeit retiree health benefits if you elect a lump sum cashout

To be eligible for retiree health benefits you must meet the following criteria:

- Enrolled or eligible to be enrolled in UC employee benefits
- 10 or more years of Retiree Health Service credit
- Elect monthly retirement income*. Please note: If you elect a lump sum cashout, you forfeit retiree health benefits
- Retirement date is within 120 days of the date you separate from UC employment
- You have continuous health insurance coverage until your retiree health begins
- If you are rehired after a break in service, you must work at least 12 months in an eligible position.

If you have other health insurance coverage at the time you retire, such as your spouse’s plan or a new employer’s plan, you may suspend your UC retiree medical and/or dental coverage.

Provided your other coverage has been continuous, you may re-enroll within 31 days if you experience an involuntary loss coverage or during the Open Enrollment period. Keep in mind, if you experience an involuntary loss of coverage, you will be required to provide proof of loss to the Retirement Administration Service Center (RASC) in order to re-enroll.
Eligible Family Members

- Spouse
- Domestic partner
- Children up to age 26
- Grand children
- Legal ward
- Over aged disabled child
  - Certified by your medical plan prior to age 26

Family members you enrolled as an active employee, may continue to be covered in retiree health. This includes:
- Spouse
- Domestic Partner
- Children up to age 26,
- a tax dependent grandchild
- legal ward,
- or an over-aged disabled child who was certified by your medical plan as disabled prior to age 26.
Next, we’ll explore how UC premiums are determined based on your Retiree Health Group.
Your cost for retiree medical and dental

› Premiums charged to UC by the medical/dental plan
› UC’s contribution, determined annually
› Your retiree health group
› Your retiree health service credit
› Percentage of UC’s contribution for which you are eligible
› Who is covered
› Medicare coordination with your UC medical plan

Your costs for UC retiree medical and dental are determined by a variety of factors:
- Premiums charged to UC by the medical and dental plans
- UC’s contribution, (this is determined annually)
- Your retiree health group
- Your retiree health service credit
- Percentage of UC’s contribution for which you are eligible
- Who you are covering under retiree health
- And whether or not you will be coordinated with Medicare
# UC retiree health eligibility groups

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
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<tbody>
<tr>
<td>Active UCRP member without break in service:</td>
<td>Active UCRP member without break in service:</td>
<td>Newly hired, or rehired after a break in service:</td>
</tr>
<tr>
<td>Before January 1, 1990</td>
<td>January 1, 1990 - June 30, 2013*</td>
<td>On/after July 1, 2013*</td>
</tr>
<tr>
<td>% of UC Contribution:</td>
<td>% of UC contribution:</td>
<td>% of UC contribution:</td>
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<tr>
<td>100%</td>
<td>50-100% based on age and service</td>
<td>0-100% based on age and service</td>
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</tbody>
</table>

*Subject to collective bargaining

If you are eligible for retiree health benefits, your retiree health group is going to determine what portion of UC’s contribution you are eligible to receive towards retiree medical and dental premiums.

UC has three retiree health groups and you are eligible for each group based on the date you first became an active member of UCRP or Savings Choice, or based on the date you were rehired in a UCRP eligible position after a break in service of more than 120 days.

We’ll cover this in more detail in a moment.
**Retiree health service credit**

- UCRP service credit
- Savings Choice service credit
- Earned based on percent time worked in an eligible position
- Forfeited if you take a full refund of UCRP accumulations or Savings Choice DC Plan balances before retirement

You earn retiree health service credit any time you are a member of UCRP or participating in the Saving Choice program.

UCRP and Savings Choice service credit are both earned based on the percent time worked in an eligible appointment. The retiree health service credit earned will be used to determine minimum eligibility requirements and the percentage of UC’s contribution for which you are eligible to receive.

If you separate from UC employment and elect a refund of your UCRP accumulations and/or elect a full refund of your Savings Choice DC Plan balances, you will forfeit the associated service credit.
Retiree health group 1

UC’s contribution: 100%

› Active UCRP member prior to January 1, 1990
› No break in service of more than 120 days

Now, let’s take a closer look at Retiree Health Group 1 eligibility

Group 1 includes members actively enrolled in UCRP prior to January 1, 1990 with no break in service of more than 120 days. Group 1 Members are eligible for 100% of the UC contribution toward retiree health.

If you experience a break in service, your retiree health benefits will be based on your rehire date.
Retiree health group 2

**UC’s contribution: 50-100%**
- Active UCRP member between January 1, 1990 and June 30, 2013*
- Rehired during this period after a break in service

**50% of UC’s contribution with:**
- 10 years of Retiree Health service credit
- Age and service credit in whole years equals 75

**Increases 5% for each whole year over 10:**
- 11 years = 55%, 12 years = 60%, 13 years = 65%, etc

**100% UC contribution with 20+ years of service**

*Subject to collective bargaining

If you became an active UCRP Member between January 1, 1990 – June 30, 2013 or were rehired during this period following a break in service, your eligibility is based on Group 2. The UC’s contribution ranges from 50-100%.

Members eligibility under Group 2 is subject to collective bargaining for those in a union. Please refer to your collective bargaining agreement for more information.

You are eligible for 50% of UC contribution toward retiree health if you have 10 years of UCRP service credit or your age & service credit = 75

UC retiree health contribution then increases 5% for each whole year over 10. (For example, 11yrs = 55%, 12yrs = 60% and so on.)

Group 2 members are eligible for 100% of the UC contribution toward retiree health with 20+ years of UCRP service credit
Retiree health group 3

**UC’s contribution: 0-100%**
- Active UCRP or Savings Choice participant on or after July 1, 2013, or rehired after a break in service
- Safety Members hired on or after July 1, 2013 are in Group 2

**UC’s contribution based on age and service at retirement:**
- 10 years of Retiree Health service credit required
- Minimum UC contribution of 5% at age 56

**100% UC contribution at age 65 with 20+ years of service**

Lastly, Group 3 Eligibility includes active UCRP Members or Savings Choice participants enrolled with an entry or re-entry date on or after July 1, 2013, or, rehired after a break in service. Please note, Safety Members hired on or after July 1, 2013 fall under Group 2 eligibility.

UC retiree health contribution is based on age & service credit at retirement.

If you have a minimum of 10 years service credit & retire at age 56 (or older) then you are eligible to receive a UC contribution between 5% - 100%. If you have 10 or more years of service but retirement prior to age 50, you will receive no contribution from UC towards retiree medical or dental benefits.

The minimum UC contribution toward retiree health begins at 5% at age 56 and caps at the maximum percentage at age 65, with 20 or more years of UCRP service credit.
Here is the Retiree Health Group 3 chart which displays the percentage of UC’s contribution towards medical and dental premiums. Please note, Service credit and age at retirement are in whole years only.

As you can see from the chart, at the minimum age of 56 years with 10 years of service credit you would receive 5% graduated eligibility of the UC contribution up to a maximum contribution at age 65 with 20 or more years of service credit.

This chart along with additional information regarding retiree health is available in the Retirement Handbook on UCnet.
Next, let’s look at some examples of how UC’s contribution is applied to premiums for retirees eligible for 100%, 75% and 50% of the UC contribution.

In this chart, the full premium for Self + Adult enrolled in UC Blue & Gold, is $1552 per month.

UC’s contribution is $1000, so if you are eligible to receive 100 percent of UC’s contribution, you pay $552 per month. If you are eligible to receive 75 percent of UC’s contribution, you pay $802 per month and UC pays $750.

If you are eligible to receive 50 percent of UC’s contribution, you pay $1052 per month and UC pays $500, which is 50% of the maximum contribution of $1000.

As this chart illustrates, your costs can go down substantially if you wait to retire when you can maximize UC’s contribution.
How are premiums paid

- Deducted from your UC monthly pension check
- Part B reimbursement, if any, added to your pension check
- Medicare premiums deducted from SS payment or billed directly

Medical, dental and legal premiums are automatically deducted from your UC pension. If you’re eligible for a Part B reimbursement, then this will be added to your UC pension.

If you’re receiving social security, your Medicare Part B premium and (if you have a higher income) Part D premium are automatically deducted from your social security check. If you’re not yet receiving social security benefits, CMS will bill you directly in 3-month increments.
How are premiums paid

› You must enroll separately
› You pay premiums directly to VSP, Prudential or Nationwide

Vision, accidental death & dismemberment and pet insurance are voluntary at retirement.

You decide whether to continue this coverage at retirement or not. If you wish to continue coverage, then you enroll in these plans separately at the time of your retirement and you pay the premiums directly to VSP, Prudential or Nationwide.
Next, we’ll explore the coordination of Medicare and the UC medical plans.
UC vs. Medicare

**UC Requirements**

› UC requires all retirees and family members to enroll in Medicare, if eligible

› “Coordinating” your UC medical plan with Medicare helps sustain the retiree health program

**Medicare Requirements**

› Eligible based on your own work history or that of a current, former, or deceased spouse

› If eligible for Medicare Part A for free, you must enroll in Part B

› Medicare starts the first day of the month you turn 65 (for most)

UC requires all retirees and family members to enroll in Medicare, if eligible. Failure to do so can result in penalties. Coordinating your UC medical plan with Medicare helps sustain the retiree health program.

You can become eligible for Medicare based on your own work history or that of a current, former or deceased spouse. If eligible for Medicare Part A, you must enroll in Part B (unless you’re still working, and we’ll discuss this in more detail later). Medicare starts the first day of the month you turn 65 for most. The caveat to this rule is if your birthday falls on the first of the month then your Medicare start dates begins the 1st of the prior month.
Medicare is a federally run program that is made up of 3 parts:
Part A: Hospital Insurance
- This is financed by payroll taxes
- If you are eligible to receive it based on your own or your spouse’s contributions during employment, you do not pay a premium

Part B: Medical Insurance
- Monthly premium, usually deducted from SS check

Part D: Prescription Insurance
- Most UC retirees do not pay extra premium, but may pay premium if income above certain threshold

Part C: is not a component of Medicare but rather a type of Medicare Advantage plan.

The UC coordinates your UC Medicare plan with Medicare.
UC medical plans and Medicare

Medicare retirees
› Medicare Advantage Plans (comprehensive coverage)
› Medicare supplemental plans (pay after Medicare)
› Medicare coordinator plan outside of California (within the US)

Non-Medicare retirees and family members
› Same plan options as active employees
› Includes over age 65 and not eligible for Medicare Part A for free

Most of the UC employee medical plans have a partner Medicare plan.

Medicare eligible retirees and their family members will transition to either a Medicare Advantage plan, Medicare supplement plan or the Medicare Coordinator plan if you’re living outside of CA but within the US.

Non-Medicare retirees and their family members will simply remain in the same plan as their active employee plan. This includes folks over age 65 and not eligible for Medicare Part A.
As you can see, the UC non-Medicare plans are the same as the employee plans. That said, if you or your family members are not eligible for Medicare at time of retirement, then you’ll simply remain in your current employee plan.

If you or your family members are eligible for Medicare at time of retirement, then you’ll transition to the partner Medicare plan at time of retirement with the exception of the Health Savings Plan. If you are enrolled in the Health Savings Plan and one of your family members age into Medicare, you must switch plans.
What happens when you or your family member turn 65?

Are age 65+ during retirement process

› The Retirement Administration Service Center (RASC) will provide a Medicare Packet which includes the Request for Employment – CMS L564 form to submit to Social Security Administration for Medicare application

› Once enrolled in Medicare, you and any eligible family members will need to complete the UC medical plan form provided in your packet

Turn age 65 after retirement

› RASC will notify you approximately 2 months before you turn 65 with information about Medicare and instructions for applying

If you’re 65 or older at the time of your retirement, RASC will provide you with a Medicare packet which will include the Request for Employment CMS L564 form. You will need this form to enroll in Medicare with Social Security.

Once you’re enrolled in Medicare, you and any eligible family members will need to complete the UC medical plan form provided in your packet.

If you turn 65 after retirement, RASC will notify you approximately 2 months before your 65th birthday with information and instructions on how to apply.
UC medical plans and Medicare

Medicare becomes your primary insurance
› You will switch to a version of your UC medical plan that coordinates with Medicare
› Some UC medical plans do not have Medicare coordination and you will have to change to another medical plan

Once enrolled in UC-sponsored Medicare plans
› UC may reimburse a portion of your Part B premium if the monthly UC contribution exceeds the cost of your plan

Most UC Medicare plans coordinate with Part D
› Do not need to enroll in separate plan
› You may lose your UC medical coverage if you enroll separately

Once you become Medicare eligible, Medicare becomes your primary insurance, and you switch to the partner UC Medicare plan. The UC Health Savings Plan does not have a UC partner Medicare plan. This means you must switch to another medical plan.

Once you're enrolled in the UC-sponsored Medicare plan, you may be eligible for a Part B reimbursement if the UC contribution exceeds the cost of the plan.

Most of the UC Medicare plans already have a Part D component which means you do not need to enroll in a separate Part D plan. Additionally, Medicare only allows you to be enrolled in 1 Part D drug plan. Thus, if you enroll in a separate Part D plan you may lose your UC Medicare coverage.

The exception to this is the UC Medicare PPO without Prescription Drugs plan. Like its name, the UC Medicare PPO w/o Prescription Drugs does not contain a Part D component. If you enroll in the UC Medicare PPO without Prescription Drugs plan then you would need to enroll in a separate Part D plan that meets CMS requirements of creditable coverage and provide proof of enrollment to RASC.
### Part B reimbursement

<table>
<thead>
<tr>
<th></th>
<th>Example A</th>
<th>Example B</th>
<th>Example C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>100% of UC contribution</strong></td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td><strong>75% of UC contribution</strong></td>
<td>$640</td>
<td>$480</td>
<td>$320</td>
</tr>
<tr>
<td><strong>50% of UC contribution</strong></td>
<td>$140</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total monthly premium</strong> (Kaiser Senior Advantage)</td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td><strong>UC contribution</strong></td>
<td>$640</td>
<td>$480</td>
<td>$320</td>
</tr>
<tr>
<td><strong>Your monthly cost</strong></td>
<td>$0</td>
<td>$20</td>
<td>$180</td>
</tr>
<tr>
<td><strong>Part B reimbursement</strong></td>
<td>$140</td>
<td>$0</td>
<td>$0</td>
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</tbody>
</table>

*Part B reimbursement only payable if UC’s contribution exceeds the Medicare plan premium.

This chart illustrates the cost of medical premiums when coordinated with Medicare. The premiums for a UC-sponsored Medicare plan goes down significantly, and thus so does the retiree’s medical premiums. In most cases, the reduction in premiums alone more than cover the cost of Medicare Part B.

In this example, the monthly premium for Kaiser Senior Advantage is $500 per month and UC’s contribution is $640. Under example A, a retiree receiving 100% of UC’s contribution would have no monthly premium for their medical plan. In addition, since UC’s contribution exceeds the medical plan premium, the retiree is eligible to receive the difference, $140, added to their UC pension check to offset the retiree’s cost for Medicare Part B.

In the other examples, while there is no Part B reimbursement, the monthly premiums is significantly reduced compared to a non-Medicare Plan.
Medicare Coordinator Program

For retirees living outside California
- All family members in Medicare
- Within the US only

More choices
- Individual plans for each family member
- Administered by ViaBenefits

Maximum $3,000 health reimbursement account (HRA)
- Deposited for each family member up to $9,000
- HRA is prorated if not eligible for UC’s full contribution
- Used to pay premiums, out of pocket expenses, Medicare premiums
- Any unused funds roll over each year

The Medicare Coordinator Program is for retirees who live outside of CA but within the US and when all family members are in Medicare.

Via Benefits will work with you and your family members to find a Medicare plan in the state that you live that best fits your individual needs.

For retirees eligible for the maximum UC contribution toward retiree health, UC will contribute $3,000 per individual (up to $9,000 for each Medicare eligible family member) towards a health reimbursement account.

Retirees not eligible for the maximum UC contribution will receive a prorated HRA contribution.

You may use your HRA funds to pay premiums, out of pocket expenses, prescription medication, and more. Any unused funds roll over each year.
Next, we will cover the transition into retirement and what you can expect.
Transition from employee benefits to retiree benefits

Enrollment in retiree medical, dental and legal plans
- Occurs as part of the retirement process
- We encourage you to refill any prescriptions and make any necessary appointments prior to retirement
- You will receive new medical plan cards

Medicare plans
- You must enroll with Medicare through Social Security
- You must complete the proper UC forms to coordinate Medicare with your UC medical plan

Enrollment in retiree medical, dental and legal plans
- Occurs as part of the retirement process
- That said, we encourage folks to refill any prescriptions and make any necessary appointments prior to retirement
- Additionally, when you transition to retiree health you will also receive new medical plan cards, so you want to be sure to provide your doctor with your new card.

Medicare Eligible retirees and their family members
- Must enroll in Medicare’s Part A & B through Social Security to begin the transition to the UC Medicare Plans
- Once enrolled in Medicare, the retiree and their Medicare eligible family members must then complete the appropriate UC forms to coordinate Medicare with their UC Medicare plan
Other benefits available in retirement

**Enrollment in retiree vision, AD&D and pet insurance**
› You will complete your enrollment with VSP and Prudential
› Visit Nationwide for pet insurance at [http://petinsurance.com/uc/](http://petinsurance.com/uc/)

**Homeowners/renters/auto insurance**
› Premiums paid directly to California Casualty

**COBRA Notification**
› When your employee benefits end, you will automatically receive a medical plan termination in the mail
› If you are eligible for retiree health benefits or do not need COBRA continuation coverage, you can ignore the medical plan termination letter and disregard the COBRA notification package

Enrollment in vision, Accidental Death & Dismemberment and pet insurance are voluntary at time of retirement. Therefore, if you wish to continue this coverage you will need to complete your enrollment directly with VSP and Prudential and you can visit the Nationwide website for pet insurance information.

Additionally, for Homeowners/renters and auto insurance you’ll pay your premiums directly to California Casualty

When your employee benefits end, by law the UC is required to send out a COBRA notification packet. This means all UC retirees will automatically receive a COBRA medical plan termination in the mail

If you are eligible for retiree health benefits or do not need COBRA continuation coverage, you can ignore the medical plan termination letter and disregard the COBRA notification package
Benefits that end at retirement

*Life Insurance & Supplemental Health*
› Conversion or portability options may be available

*Health FSA*
› End on last day of last month you contributed

*UC and employee paid disability*
› End on last day of work

Employee Benefits that end at retirement include:

- Life Insurance & Supplemental Health
  › Conversion or portability options may be available
- Health Flexible Spending Account
  › Which Ends on the last day of the last month you contributed
- And UC and employee paid disability
  › Which ends on the last day of work
There are certain qualifying events which may allow changes mid-year. These include:

- Marriage/ Domestic Partnership
- Birth/Tax dependent (such as grand child)
- Out of area move
- Involuntary loss of other coverage

If you don’t experience a qualifying life event mid-year, then you would have one opportunity to make changes during the Open Enrollment period.

If you have other coverage, you may suspend your UC medical and dental.

Your eligible survivors may continue health benefits given they are provided with monthly income upon your death.
Frequently Asked Questions

Let’s review some Frequently Asked Questions
#1 - When I retire, what are my medical plan options?

<table>
<thead>
<tr>
<th>Available in CA</th>
<th>Available in US</th>
<th>Outside the US</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Blue and Gold Kaiser Permanente, UC Care CORE, UC Health Savings Plan*</td>
<td>UC Care CORE, UC Health Savings Plan*</td>
<td>UC Care CORE</td>
</tr>
<tr>
<td>Kaiser Senior Advantage UC Medicare Choice PPO, UC Medicare PPO, UC Medicare PPO (no Rx), UC High Option</td>
<td>UC Medicare PPO (if split medical families), ViaBenefits</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

*Coverage in the UC Savings Plan must continue from employment, you cannot newly enroll.

One of the most common questions received at retirement is what are my medical plan options when I retire?

Retirement is not considered a life event which means if you reside in CA or a CA service area and you and your family members are not yet eligible for Medicare then you would simply remain enrolled in your current employee plan: UC Blue & Gold, Kaiser, UC Care, Core or Health Savings Plan.

Keep in mind that coverage in the Health Savings plan is for grandfathered members only and this plan is not available for newly enrolled members.

If you and your family members are Medicare eligible and reside in CA or a CA service area then you would transition to the partner Medicare plan to your UC employee plan at retirement: Kaiser Senior Advantage, UC Medicare Choice, UC Medicare PPO or UC Medicare PPO without Prescription Drug. Please note, the UC High Option does not have a partner non-Medicare plan therefore it is not an option at retirement but is an option during the Open Enrollment period.

If you are considering moving outside of CA but remaining in the US and you and your family members are not yet eligible for Medicare then you will have the option between UC Care, Core or Health Savings Plan.

Split families’ (member’s who have some family members in Medicare and others who are not) and are living outside of CA but in the US will be eligible for the split UC Care & UC Medicare PPO plan or the split Core & UC Medicare PPO plan.

For folks, who move outside of CA but remain in the US and all family members are eligible for Medicare, will transition to the Medicare Coordinator Program administered by Via Benefits.

If you’re planning on moving outside of the US, then, UC Care and CORE are your plan options whether or not you’re eligible for Medicare as Medicare is not available outside of the US and each of these plans offer international coverage.
#2 – What happens with Medicare and split families?

If one or more family members have Medicare and there are other family members who are not yet eligible:

<table>
<thead>
<tr>
<th>Non-Medicare family members</th>
<th>Family members with Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>UC Medicare PPO</td>
</tr>
<tr>
<td>UC Blue and Gold</td>
<td>UC Medicare Choice</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>Kaiser Senior Advantage</td>
</tr>
<tr>
<td>UC Care</td>
<td>UC Medicare PPO</td>
</tr>
</tbody>
</table>

If enrolled in UC Health Savings Plan and one or more family members age into Medicare, you must switch plans.

If you have a “split family” meaning one or more family members are eligible for Medicare and other family members are not, your Non-Medicare family members will remain in the Non-Medicare plan (Core, UC Blue & Gold, Kaiser or UC Care) and your Medicare eligible family members will transition to the partner UC Medicare plan (UC Medicare PPO, UC Medicare Choice, Kaiser Senior Advantage or UC Medicare PPO) as illustrated in the chart.

Again, there is no partner Medicare plan option to the Health Savings Plan therefore, as soon as you or your family member ages into Medicare, you must switch plans.
#3 – What is the Request for Employment CMS L564?

Retirement allows you to apply for Medicare during a Special Enrollment Period (SEP):

› You must have or had group health plan coverage within the last 8 months through your or your spouse’s current employment
› RASC complete Employer Section B and mails the form after they’ve received your Signed Election
› You or your spouse need to complete Section A and provide to SSA to enroll in Medicare Part B

Folks who are 65 and older and retiring, will be given a Special Enrollment Period at the time of retirement to enroll in Medicare Part B with Social Security without penalty.

To be eligible for a Special Enrollment Period, you must demonstrate that you had group health plan coverage through your employer or your spouse’s current employer.

The Retirement Administration Service Center (RASC) will complete Employer Section B of the CMS L564 form and mail you the form after they’ve received your Signed Election Notice.

As soon as you have the form you and any family members over 65 must individually complete a copy of the CMS L564 form and provide it to Social Security in order to enroll in Medicare Part B.
As soon as you have enrolled in Medicare and can supply proof of enrollment to RASC, next, you will need to complete the corresponding UC Medicare form to transition from your non-Medicare plan to the partner Medicare plan. Member’s and their spouses who are 65 or older at retirement will need to individually complete the corresponding UBEN form.

Medicare eligible member’s enrolled in UC Blue & Gold at retirement will transition to UC Medicare Choice and must complete and submit the UBEN 121 form.

Member’s enrolled in UC Care PPO or Core will transition to UC Medicare PPO and will need to complete the UBEN 123 form, whereas member’s enrolled in Kaiser will transition to Kaiser Senior Advantage and need to complete the UBEN 127 form.

If you’re enrolled in the Health Savings Plan and Medicare eligible at retirement, then you and your family will need to select a partner non-Medicare & Medicare plan mentioned above.

Using your phone or tablet you scan the QR code for direct access to your corresponding UBEN form or you can search the appropriate UBEN form on UCnet.
Here is a timeline of what the transition to the UC Medicare plans look like if you’re eligible for Medicare at or after Retirement:

First, You and your spouse apply for Medicare A & B with the Social Security Administration (SSA).

Once SSA confirms your enrollment, YOU complete the appropriate UBEN form and send it to RASC.

Next, RASC & the insurance administrator will update your plan and the insurance administrator will enroll you in Part D prescription drug coverage and send you new ID cards.

As soon as you receive your new ID cards, YOU inform your providers of the new plan and give them your updated insurance card.
#6 – Do I need to enroll in Medicare while still working?

Employees and spouses who are covered under an employer-group health plan have the option to delay their enrollment in Medicare penalty free.

› This does not apply to Domestic Partners
› Some employees enroll in Part A and delay Part B
› Special Enrollment Period (SEP)
› Review the Medicare Fact Sheet on UCnet

Contact Social Security for more information

What if I turn 65 and I’m still working?

Employee and spouses who are covered under an employer group health plan have the option to delay their enrollment in Medicare without penalty:
- This does not apply to Domestic Partners so your Domestic Partner will need to contact Social Security before they age into Medicare
- Some employees enroll in Part A and delay enrollment in Part B until retirement except for folks enrolled in the Health Savings Plan. If you’re enrolled in the Health Savings Plan you must defer enrollment in all parts of Medicare to remain enrolled in this plan while working.
- You will have a Special Enrollment Period at the time of your retirement to enroll in Medicare. This is where the CMS L564 form that we covered earlier comes into play.
- We encourage you to review the Medicare Fact Sheet on UCnet which is a great resource for folks turning 65

For additional information or whenever in doubt contact Social Security directly.
Can I change my medical plans when I retire?

Retirement itself is not a qualifying life event to change plans however, there are some life events that can occur which may allow a member to switch plans mid year:

› Moving outside of your current plan service area
› Getting married or entering a domestic partnership
› Newly eligible dependent (child, grandchild, adoption)
› Or, Involuntary loss of other coverage

If you don’t experience a qualifying life event then you will have an opportunity to switch plans during the annual open enrollment period which takes place in Oct/Nov.
#8 – Will my premiums increase once I retire?

An employee’s premium is based on their salary pay band.

A retiree’s premium is based on the following:

› Which medical or dental plan you are currently enrolled in
› Who you are covering on your plans
› Whether you or your covered family member are eligible for Medicare
› Your retiree health group and how many years of retiree health service credit you have

View the **Retiree Medical Plan Costs** on UCnet

Will my premiums increase once I retire?

As an employee your health premiums are based on your salary band.

A retiree, your premium is based on:
- Which medical or dental plan you are currently enrolled in
- The dependents you are covering under your plan
- Whether or not you or your covered family members are eligible for Medicare
- Your retiree health group and how many years of retiree health service credit you have

Retiree’s eligible for 100% of the UC contribution toward retiree health can view the 2022 Retiree Medical Plan Costs on UCnet
When will my employee benefits end?

If your separation or termination is due to your retirement then your employee benefits will end on the last day of the following month that you separate.
If your separation date is June 29, 2022 then your employee coverage ends on July 31, 2022.

If your separation or termination is not due to your retirement then your employee coverage ends on the last day of the month that you separate.
If your separation date is June 29, 2022 your employee coverage will end on June 30, 2022.
What if I don’t qualify for UC retiree health?

If you are not eligible for UC retiree health benefits, you need to consider alternative options of coverage:

1) Do you qualify for health benefits under a family member including a UC spouse or domestic partner?
2) Are you eligible for Medicare?
3) COBRA - which provides continuation of coverage for up to 18 months
4) Explore plan options through CoveredCA or an individual insurance plan
#11 – Will my medical coverage change when I retire?

For non-Medicare plans, the coverage is the same for both employees and retirees
  › AD&D benefits are reduced to a maximum of $250,000

When you become eligible for Medicare, your medical coverage will change
  › All Medicare approved services covered
  › See your medical plan summary of benefits and coverage on UCnet for more details

Will my medical coverage change when I retire?

For Non-Medicare plans, the coverage is the same for both employees and retirees
- Accidental Death & Dismemberment benefits are reduced to a maximum of $250,000

When you become eligible for Medicare, your medical coverage will change.
1) All Medicare approved services are covered
2) Check out your medical plan summary of benefits and coverage on UCnet for more details
Why am I required to enroll in Medicare?

UC relies on Medicare to offset the cost of insurance which helps sustain the retiree health programs.

Retirees and family members who become eligible for premium-free Medicare Part A, must enroll in Medicare Part B if enrolled in a UC-sponsored medical plan. Failure to comply may result in penalties and permanent loss of UC-sponsored medical coverage.

Exceptions:
- Retirees who reside outside of the US
- You must reenroll in Medicare if you return to the US

Why am I required to enroll in Medicare?

UC relies on Medicare to offset the cost of insurance which helps sustain our retiree health programs.

Retirees and family members who become eligible for premium-free Medicare Part A, must enroll in Medicare Part B if enrolled in a UC-sponsored medical plan. Failure to comply may result in penalties and permanent loss of UC-sponsored medical coverage.

There are exceptions to this rule which applies to retirees who reside outside of the US. Medicare is a federally funded program and not supported outside of the US. As soon as you return to the States, you must reenroll in Medicare.
#13 – What if I don’t qualify for Medicare?

Most people become eligible for Medicare under their own work record at age 65.
  › You qualify by paying into Medicare for 40 quarters (10 years)
  › Some people may become eligible for Medicare under age 65 if disabled or have End-Stage Renal Disease, as determined by SSA

If you do not qualify, you must provide the RASC with proof from Medicare that you do not qualify.
  › You may qualify under your current, former or deceased spouse generally if you were married for at least 10 years
  › If your spouse is not yet age 62, you must remember to reapply when they reach 62 to avoid penalties
  › Contact Social Security for more details

What if I don’t qualify for Medicare?

Most people become eligible for Medicare under their own work record at age 65.
- You qualify by paying into Medicare for 40 quarters (which equates to 10 years)
- Some people may become eligible for Medicare under age 65 if they’re disabled or have End-Stage Renal Disease, as determined by Social Security

If you do not qualify, you must provide RASC with proof from Medicare that you do not qualify.
- Keep in mind that You may qualify under your current, former or deceased spouse generally if you were married for at least 10 years
- If your spouse is not yet age 62, you must remember to reapply when they reach 62 to avoid penalties
- Contact Social Security for more details
What about Survivor Benefits?

Your eligible survivors may continue health benefits in medical, dental, vision, accidental death & dismemberment or legal if the following apply:
- They are enrolled or eligible to be enrolled as a family member in UC-sponsored plan
- Receiving monthly survivor income from UCRP
- The monthly benefit becomes payable 120 calendar days of the retiree’s death

In the event your survivor does not qualify:
- Their coverage will end the last day of the month of retiree’s death
- They may elect continuation of coverage through COBRA
- Or they can convert their UC-sponsored medical plan to an individual plan
#14 – Who are eligible Survivors? (con’t)

**Spouse or domestic partner**
- Married/Partnered one year prior to retirement until death
- Payable for life
- Marriage Cert./UBEN 250 Domestic Partnership Declaration

**Children**
- Under age 18, or age 22 if full-time student
- Disabled, provided disability occurred before 18 or 22

**Members in the 2013, Modified 2013 Tier, or 2016 Tier**
- You must elect a contingent annuitant option for your eligible survivor

Who are Eligible Survivors?

You cannot choose the survivor eligible for post retirement survivor continuance, eligible survivors are defined by UCRP in the following order:

Your spouse or domestic partner (if you have been married or in a domestic partnership for at least one full year prior to retirement). To verify, UC requires a copy of your marriage certificate, registration of domestic partnership, or UBEN 250 Declaration of Domestic Partnership form with two pieces of evidence showing financial interdependence;

Your eligible children (under age 18, or under age 22 if full time student, or disabled). Any disabled child must have become disabled prior to age 18 or 22 if in school full time.

For members in the 2013, Modified 2013 or 2016 Tier, since there is no built post retirement survivor continuance, to receive health benefits as a survivor, you must elect an alternate payment option and name your eligible survivor as contingent annuitant.

While Savings Choice participants can be eligible for UC retiree health benefits and continue to cover eligible family members, those benefits end upon your death as there are no survivor income benefits payable.
Understanding where you need to go and what you need to do will help you feel better equipped through your retirement process.

The Retirement Administration Service Center (RASC) is the administrator and system of record for UC retiree updates and changes. RASC will remain your primary point of contact during your transition to retirement and after you retire. The best way to research, update information or contact RASC is through your UCRAYS account.

MyUCRetirement.com – Offers Retirement Readiness classes, personal retirement counseling and more.

UCnet will remain your landing site for all UC plan related documents, including Annual Open Enrollment information, plan booklets and more.

Each location contains a dedicated and knowledgeable Health Care Facilitator who can help you better understand your benefits. You can find your locations HCF on UCnet. Most HCF Programs offer employee and retiree health workshops and webinars so you can better understand your UC plan options.

The Social Security Administration is where you will go to apply for Medicare and social security benefits.

CMS is where you will find all things related to your Medicare costs and coverage.

Lastly, Fidelity offers 1:1 workplace guidance financial consultation appointments.
Thank you

The information contained herein has been provided by the University of California and is solely the responsibility of the University of California.

On behalf of the University of California, thank you for your years of service and have a wonderful retirement!