

new dimensions

Retiree Health Benefits Working Group on track to deliver analysis by June 1

The 2019 Retiree Health Benefits Working Group, with representatives from key universitywide stakeholder groups, is making progress toward its charge — exploring potential strategies and developing options for UC leaders to consider to ensure the long-term financial viability of the retiree health benefits program. The group will evaluate the potential implications of available options to both UC and retirees, and present its analysis to UC leadership by June 1, 2018.

As part of their role, Working Group members will act as liaisons with local colleagues and various UC constituencies, keeping those they represent apprised of progress and sharing their constituents' insights and feedback with the Working Group.

The Working Group members selected to represent stakeholder groups are listed on p. 6, with contact information. Members of the UC community are invited to share their feedback with their representative, so it can be taken into consideration during this process.

Any changes regarding UC's retiree health benefits that may result from this effort will not take effect until Jan. 1, 2019, at the earliest. UC's current funding policy on retiree health benefits remains in effect for the 2018 benefits year, and the university will continue to contribute at least 70 percent of the cost, in aggregate, of retiree health benefits in 2018.



Protect important documents against natural disasters

Floods, earthquakes, wildfires. These and other natural disasters, unfortunately, made headlines in the past year.

As Californians, we are no strangers to natural disaster.

Many of us already have evacuation plans, "go kits," and other contingencies to help weather an emergency. But do you have a similar plan to safeguard your important documents?

Keeping documents safe and secure doesn't have to be difficult or expensive, especially if you

plan ahead. Here are a few tips to consider:

Invest in a quality fire safe

Portable safes of all shapes, sizes, and features are available online and at retail stores. If you want something larger or more permanent, most locksmiths can install a hidden safe in your wall, closet, floorboards, basement and attic. Make sure that the safe is air- and watertight and can withstand extensive fire, water or structural damage to your home. You'll also want to be sure that you and your family know the

location of the safe and where to find the key or combination.

Rent a bank safe-deposit box

You can open a safe-deposit box at a bank by yourself or with others. Annual rental fees for a small box in a bank vault generally range from \$30 to \$60. Larger boxes may cost more and can accommodate your important documents as well as irreplaceable photos, jewelry and sentimental keepsakes.

Store your items in sealed plastic bags or other containers to

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‘OneExchange’ is now ‘Via Benefits’

The following information is for retirees who live outside of California and who receive their Medicare coordinated plan through Via Benefits, formerly OneExchange.

Towers Watson’s OneExchange, the service you use to gain health insurance coverage and/or manage reimbursements, officially changed its name to Via Benefits in March.

The word via literally means “traveling through a place to a destination.” The name change will not alter the services or online features you have received from OneExchange.

The focus of Via Benefits will continue to be on assisting you and your covered family members in your selection of a Medicare plan option and reimbursement of your expenses from your account.

The URL has changed from [Medicare.OneExchange.com/UC](https://my.viabenefits.com/UC) to <https://my.viabenefits.com/UC>

The toll-free phone number for Via Benefits stays the same: 855-359-7381.

Keep an eye out for Via Benefits communications in your mailbox and email.

Health Reimbursement Arrangement

Retirees and their enrolled family members are reminded to maintain their medical plan coverage through Via Benefits, formerly OneExchange. If you do not, you will no longer be eligible to receive the UC-funded Health Reimbursement Arrangement (HRA).

Review changes to your retirement benefit check due to the Tax Cuts and Jobs Act

The IRS has issued income tax withholding tables for 2018 that reflect changes made by the Tax Cuts and Jobs Act. UC has updated payroll systems with the new tax tables, and changes were reflected in UCRP benefit checks issued on or after Feb. 1, 2018.

Although you are not required to take any action, you may wish to review and adjust your withholdings for 2018. To help you decide, you can now access an updated tax withholding calculator on the IRS website. Go to: [irs.gov/individuals/irs-withholding-calculator](https://www.irs.gov/individuals/irs-withholding-calculator).

The IRS encourages everyone to use the calculator to perform a quick “paycheck checkup,” and notes that this is even more important this year.

For 2019, the IRS anticipates making further changes involving withholding, so retirees are encouraged to consider the amounts that you withhold as the tax rules evolve.

Retirees may change their tax withholding by signing on to your At Your Service Online account. Go to the “Income and Taxes” section and select “Tax Withholding.”

2018 cost-of-living adjustments announced

COLA	2.0%	2.3%	2.0%
RETIREMENT DATE	On or before July 1, 2007	July 2, 2007 to July 1, 2008	July 2, 2008 to July 1, 2017

University of California Retirement Plan (UCRP) and UC-PERS Plus 5 Plan benefit recipients will receive a cost-of-living adjustment (COLA) to their monthly income effective July 1, 2018. The increase will appear in checks paid on July 31.

The 2018 COLA is based on the average increase in the Consumer Price Index (CPI) measured February 2017 to February 2018 for the Los Angeles and San Francisco metropolitan areas.

The July 1, 2018 COLA rates for UCRP and UC-PERS Plus 5 Plan benefit recipients, including those receiving survivor and UCRP disability income, are included in the table above.

UCRP benefit recipients are eligible to receive a COLA after receiving benefits for at least

one year. Therefore, those members whose retirement or disability date is after July 1, 2017, are not yet eligible to receive a COLA.

How the COLA is calculated

The UCRP COLA formula generally matches the annual increase in the CPI up to 2 percent. This year, benefit recipients who retired July 2, 2007 to July 1, 2008 will receive a larger COLA than 2 percent. The larger COLA helps this group of UCRP benefit recipients to retain more of their purchasing power by partially making up for earlier years where the CPI increase (and COLA) was less than 2 percent. The COLA for UC-PERS Plus 5 benefit recipients is the same as that for UCRP benefit recipients with a retirement date of Oct. 1, 1991.

New Medicare cards are coming

In April, Medicare began a year-long mailing campaign to send new Medicare cards to all 58 million people on Medicare.

Here are 10 things to know about your new Medicare card:

1. Your new card will automatically come to you. You don’t need to do anything as long as your address is up to date. If you need to update your address, visit your “my Social Security” account.
2. Your new card will have a new Medicare number that’s unique to you, instead of your Social Security Number. This will help to protect your identity.
3. Your Medicare coverage and benefits will stay the same.
4. Mailing takes time. Your card may arrive at a different time than your friend’s or neighbor’s.
5. Your new card is paper, which is easier for many providers to use and copy.
6. Once you get your new Medicare card, destroy your old Medicare card and start using your new card right away.
7. Whether you are in a UC Medicare HMO or PPO, your medical plan ID card is your main card—you should still keep and use it whenever you need care.
8. Doctors, other health care providers and facilities know the new Medicare cards are coming and may ask for it when you need care, so carry this card with you as well.
9. If you forget your new card, you, your doctor or other health care provider may be able to look up your Medicare number online.

Replacing your Medicare card?

If your Medicare card is lost, stolen or damaged, you can ask Social Security for a new one.

- Your Medicare card will arrive in the mail in about 30 days.
- Social Security will mail your card to the address they have on file for you.
- If you need proof that you have Medicare sooner than 30 days, you can request a letter from Social Security. The letter will arrive in the mail in about 10 days.
- If you need proof immediately for your doctor or for a prescription, visit your local Social Security office.

Changing name or address

Medicare uses the name and address you have on file with Social Security. To change your name and/or address, visit your online “my Social Security” account.

Note: Medicare is managed by the Centers for Medicare & Medicaid Services (CMS). Social Security works with CMS by enrolling people in Medicare.

And finally, Medicare will never call you uninvited and ask you to give personal or private information to get your Medicare number or card. Only give this information to doctors, pharmacists, your health care providers, or people you trust to work with Medicare on your behalf, such as the UC Retirement Administration Service Center.



Irregular heart impulses that lead to stroke can be detected with great accuracy using a smartwatch with a specially designed application, a finding that could eventually lead to new ways to screen patients for earlier treatment, according to a UCSF study.

The study, which used an app specifically designed for the Apple Watch, is believed to be the first on utilizing a smartwatch to detect atrial fibrillation (AF) or any arrhythmia.

“Given the broad and growing use of smartwatches and ready accessibility of downloadable mobile applications, this approach may ultimately be applied to efficiently screen for AF,” said senior author Gregory Marcus, MD, MAS, a director of clinical research in the UCSF Division of Cardiology. “By identifying candidates for appropriate anticoagulation treatment, we might ultimately leverage common wearable devices to reduce major thromboembolic complications, even death.”

In AF, electrical impulses in the upper chambers of the heart are chaotic, and the atrial walls quiver rather than contracting normally in moving blood to the lower chambers. As a result, blood clots may form. One in four adults over age 40 is at risk for AF, with a projection of nearly six million people in the nation having the condition by 2050.

One of the leading causes of stroke, AF is often without symptoms and can remain undetected until a stroke actually

occurs. Earlier detection would enable the use of anticoagulation therapy to mitigate the risk of stroke and other complications such as dementia, chronic kidney disease and heart attack.

Read more: [ucsf.edu/news/2018/03/410066/smartwatch-effective-detecting-atrial-fibrillation](https://www.ucsf.edu/news/2018/03/410066/smartwatch-effective-detecting-atrial-fibrillation)

Costs for hip and knee replacements could be reduced

The U.S. could save billions of dollars per year by controlling costs related to elective hip and knee replacements, finds a UCLA study.

In 2014, some 505,000 hip replacements and 723,000 knee replacements were performed in the U.S., costing more than \$20 billion.

“With the U.S. currently spending nearly 18 percent of its gross domestic product on medical care, almost twice as much as other high-income countries, we need to look at every opportunity to reduce costs from services that may be overutilized,” said Dr. Jonathan Fielding, distinguished professor at the Fielding School of Public Health at UCLA.

The study included several recommendations:

- Creating decisions aids to educate patients about alternatives and risks to help them possibly delay or avoid unnecessary procedures.
 - Capping payments for hip and knee replacements in order to reduce variation.
 - Providing hospitals and other purchasers with price information to help them to make cost-effective decisions.
 - Encouraging orthopedic surgeons to perform hip and knee procedures in outpatient settings when appropriate.
- These steps could possibly save the U.S. health care system over \$17 billion annually.
- Read more: ph.ucla.edu/news/press-release/2018/mar/nation-s-medical-costs-hip-and-knee-replacements-could-be-reduced-saving



CUCRA and CUCEA brief President Napolitano

The following article was submitted by Caroline Kane, chair of the Council of UC Emeriti Associations (CUCEA).

Representatives from the Council of UC Retiree Associations (CUCRA) and the Council of UC Emeriti Associations (CUCEA) met on March 8 at UCOP in Oakland with President Janet Napolitano and key members of her senior staff.

The reports from the two surveys done by CUCRA (“Ambassadors, Assets, Advocates”) and by CUCEA (“A Virtual Eleventh Campus”) on continuing activity and involvement of UC retirees and emeriti served as an introduction to the discussion. President Napolitano and Provost and Executive Vice President Michael Brown acknowledged the two survey reports, and both voiced respect for contributions of retirees and emeriti and their ongoing productivity.

(For the CUCRA survey report, go to cucra.ucsd.edu/survey/index.shtml. The CUCEA report is at cucea.ucsd.edu/documents/AVirtualEleventhCampus.pdf)

CUCRA Chair Marianne Schnaubelt pointed out the CUCRA survey’s

implications, including the large percentage of retirees in community service, more than twice the national average among retirees. She noted that the report’s title (“Ambassadors, Assets, Advocates”) was chosen deliberately because that is what CUCRA members are and what they do.

Provost Brown said that he had also read the CUCEA report and remembered it along with the enormous professional and service activity of emeriti.

Early on in the meeting, discussion focused on what retirees could do to help UC and specifically the Office of the President (OP). Advocacy, more campus service, and task force service for OP were mentioned. Provost Brown asked if there was a database with retirees’ backgrounds, experience, willingness to serve, etc., that OP might use to identify volunteers. While no such database currently exists, the idea is an excellent one. In the meantime, Chair Schnaubelt suggested that OP contact CUCRA and CUCEA leadership, who can solicit among the campus leadership of retirement organizations for expert retirees.

The meeting also covered how OP could help CUCRA and CUCEA and their member organizations. Specific topics included:

- President Napolitano was told of uneven levels of support for retirees and emeriti among campuses; funding and space already differ dramatically from campus to campus, even for existing centers.
- She was encouraged to help fund the founding of retiree/emeriti centers at those campuses without them.
- There remains difficulty by retirement centers and associations in accessing retirees’ e-mail addresses for purposes of communication.
- There are dramatically different abilities to obtain free parking on different campuses. Free parking fosters volunteerism on campus and continued affiliation with UC, and it is an appropriate recognition of service.

CUCRA and CUCEA representatives found the meeting to be very useful. It was a UC organization-level (as opposed to only unit-level) affirmation of the standing that is held by

CUCRA and CUCEA as representatives of the interests and welfare of the community of UC retirees. The meeting further established these two groups in the landscape of OP.

The President and her staff were truly “in the moment” in the conversation, and they listened attentively. Real issues were discussed, and President Napolitano summarized the highlights at the meeting’s conclusion. The President, her staff and members of CUCRA and CUCEA look forward to frequent communication in the future. Joining one’s campus retirement organizations expands the collective voice.

For information about the Council of UC Retiree Associations (CUCRA) and Council of University of California Emeriti Associations (CUCEA), visit their websites at cucra.ucsd.edu and cucea.ucsd.edu.

Go to page 5 for a list of all campus emeriti/retiree association contacts.

Protect important documents continued from page 1

protect them from water damage. Don’t forget to keep an inventory of your safe-deposit box and update it as needed. You also may want to insure it, either through your homeowner’s insurance policy or through a special policy. And consider giving a designated power of attorney access to your box in case you are unable to be there in person to open it.

Make physical copies

It’s often easier to replace a birth certificate or other legal documents if you have a photocopy of the original. Keeping paper copies in a bank safe-deposit box or at the home of a trusted friend or relative is also an option.

Make digital copies and store them online

You may also want to scan documents or take photos with your smartphone and store them on a secure online server. Housing your scanned documents in a cloud environment provides

you easy 24/7 access via your smartphone, tablet or computer.

Many storage services offer limited cloud space for free—including DropBox, Google Drive, Amazon Drive, and FidSafe from FidelityInvestments. You can learn more at dropbox.com, google.com/drive, amazon.com/amazondrive, or fidsafe.com.

If you need more storage capacity, other options are available for a fee.

What to keep

No matter which route you choose when protecting your documents, what really matters is having a plan in place. Here’s a general summary of the kinds of documents you should consider safeguarding:

Vital records: Drivers licenses; birth certificates; adoption papers; Social Security cards; passports; citizenship papers; child custody papers; military IDs; pet records, photos and chip numbers (if applicable)

Insurance policies: Homeowners and auto insurance policies; flood and/or earthquake coverage; life, health, disability, and long-term care insurance; employee and retiree benefits documents

Property records: Real estate deeds of trust, settlement document from any mortgages, auto/boat/RV registrations and titles, video and/or pictures inventorying your possessions

Medical information: Health insurance ID cards; physician names and phone numbers; medical and immunization records; prescription information (drug name and dosage); medical powers of attorney health proxies, medical directives, living wills, etc.

Estate planning documents: Powers of attorney; wills, trusts; attorney names/phone numbers; funeral instructions

Financial records: Federal and state tax returns; list of stocks/bonds, brokerage and retirement account information; credit card,

checking and savings account numbers, and who to call for emergency customer services.

For a more complete listing, visit the Federal Emergency Management Agency (FEMA) website at fema.gov. Type “Protect Your Critical Documents” in the search bar, and click the first link on the results list.

This article is adapted from a feature in the “Focus on Your Future” spring newsletter. For the full newsletter, visit myUCretirement.com. To learn more about maintaining financial wellness in retirement, go to the “Retirement Planning” section and select “Living in Retirement.”

Coloring isn't just for kids

Myra Rahe
Speakers Bureau Coordinator, Marketing Department,
UC Irvine Medical Center



I absolutely loved my job coordinating speaking engagements for over 300 physicians. Growing the program from 30 lecture events a year in 2000 to more than 300 in 2003, the job enhanced my love to plan events.

In 1996, I created “Camp Mom... for Mothers and Others” (AKA “Camp Getaway”), hosting sold-out weekend camps for 175 women four times a year — and still working full-time at UC Irvine Medical Center. By year five, between the real job with benefits, the camps and little sleep, I regretfully sold the business.

Once retired in 2014, I was looking for my next niche. I found it in July 2015 watching the evening news — a group of women in New York gathering at a restaurant and coloring. I loved coloring as a kid. With a little research and planning I created 50 Shades of Coloring (www.50shadesofcoloring.com) in Orange County. I posted my first event on Meetup.com in September 2015, and more than 50 people joined in two days. Two years later and hosting four events monthly, there are almost 600 members. We have found a place to relax, be inspired, create, imagine and meet new friends.

In October 2016, I began bringing coloring to Kaiser Permanente's Infusion Centers in Irvine and Anaheim. What a great diversion for cancer patients – they color magnets, bookmarks, gift tags and luggage tags and they love it.

Who knew that coloring would be my next life's chapter. It doesn't matter whether people color inside the lines. No talent is required. Coloring is not just for kids. I am loving a colorFULL retirement.

Melanoma without a cause, fighting Stage 4 cancer

Bryant Wieneke
Assistant Dean, Bren School of Environmental Science
and Management, UC Santa Barbara



I began my career with UC as an undergraduate in the 1970s. I was also a staff member at UCLA from 1982 to 1989 and at UCSB from 1989 to 1994. After a failed attempt as a freelance writer, I came back to UCSB and worked there until my wife, Elvira, and I retired in 2013.

Our retirement was adventurous and fun until I started feeling funky in April 2016. I was diagnosed with Stage 4 melanoma that had spread throughout my body and reached my brain. Hope came in the form of immunotherapy drugs Yervoy and Opdivo.

I have written a book, entitled *Melanoma without a Cause: How the New Miracle Immunotherapy Drugs and My Own Immune System Helped Me Fight Stage 4 Cancer*. It describes the side effects I experienced, which caused me to lose 30 pounds, about 20 percent of my body weight, due to severe nausea. My family and friends were wonderfully supportive, but no one knew if the drugs would work.

Well, they have been working. Almost two years after my diagnosis, I am in partial remission and feel healthy again. I still have infusions of Opdivo every other week, but I have my appetite back, go on long walks with Elvira and Olive (our Corgi puppy), ride my bike, and play three-par golf. I'm not very good, but I'm out there and at this point, that's what counts.

Share Your Stories

Whether you have a challenging issue related to retirement or a story about the joys of your life, we want to share your story in *New Dimensions*. Reach us by email (NewDimensions-L@ucop.edu) or regular mail (Editor, 1111 Franklin Street, #7305, Oakland, CA 94607).

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For benefits questions:

Retirement Administration Service Center:
800-888-8267 (8:30 a.m. – 4:30 p.m. PT)

UCnet:
ucnet.universityofcalifornia.edu/retirees

Want to go green?

Consider signing up for the electronic version of *New Dimensions*. Simply sign in to your personal account on At Your Service Online. Under the “Stay Connected” tab, choose “Newsletter.”

Emeriti/Retiree Association Contacts

UC's retiree and emeriti associations and retiree centers primarily use online communications to interact with retirees and emeriti about services and programs. Use the listings below to establish an email communication relationship with an association and/or center. If you have moved away from your home campus, you are welcome to affiliate with the association or center near where you live.

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To continue receiving *New Dimensions*, be sure to notify UC of your new address online: atyourserviceonline.ucop.edu/ayso or by submitting a *UC Benefits Address Change Notice*, available online at ucnet.universityofcalifornia.edu or from the Retirement Administration Service Center at 800-888-8267.



5/18 70.3M

Medicare wellness visits vs. physical exams, what’s covered and what’s not

You know you're supposed to get a physical exam every year. But for members of UC Medicare PPO plans, Medicare doesn’t necessarily cover what you might think of as a traditional physical exam. It does, however, cover other types of preventive care.

The following applies to members of UC Medicare PPO, UC Medicare PPO without prescription drugs, and UC High Option Supplement to Medicare:

New to Medicare (Part B)

You may receive the “Welcome to Medicare” Preventive Visit. Although this is often referred to as a physical exam, the purpose is actually to create a personalized plan and

checklist for you. It includes: review of your medical history; recommendations for preventive services; calculation of your BMI; simple vision test; review of potential risk for depression; referrals for other care, if needed.

Medicare covers this visit, but if your doctor recommends other tests, you may have out-of-pocket costs. You may receive this service once, within your first 12 months of enrollment in Medicare Part B.

If you’ve been a Medicare member 12 months or longer

A yearly wellness visit: develop a personalized prevention plan, health risk assessment, discuss schedule for preventive services.

Medicare covers this visit, but if your doctor recommends other screenings or tests, you may have out-of-pocket costs, and may receive this service yearly. You must be enrolled in Medicare Part B.

Ongoing preventive care

Preventive and screening services include: screenings for diabetes, cardiovascular disease, depression, colorectal and lung cancer; mammograms; healthy weight counseling.

Medicare generally covers 100 percent of recommended preventive services. To be covered, you must meet age, gender and sometimes other Medicare requirements.

Physical exam

A test or screening your doctor performs during a physical exam might not be covered by Medicare as a preventive service. Check the *Medicare.gov* website.

Medicare does not cover what is traditionally known as a “physical exam.” But you can still get one and pay the full cost for the visit. Services not covered by Medicare aren’t covered by UC either, meaning you’ll pay out of pocket for this visit. Be sure this is the visit you want before scheduling your appointment.

Medicare HMO plans

Kaiser Senior Advantage and Health Net Seniority Plus cover one routine physical exam annually with no copayment.