Questions about Medicare? We have answers!

UC’s Open Enrollment will be here before you know it, and the schedule is a bit different this year: Thursday, Oct. 28 to Friday, Nov. 19, 2021.

To help you prepare, we’re dedicating this issue of New Dimensions to answering frequently asked questions about Medicare — in case you’ve forgotten some of the details since you enrolled, or you’re under 65 and still learning about Medicare and how it works with UC-sponsored plans. You can learn more about Medicare at medicare.gov.

Keep this background in mind when you consider your health plan choices during Open Enrollment in the fall. Even if you’re happy with your current plan, it’s always a good idea to understand all of your options.

1. What exactly is Medicare, and what are its components?
Medicare is the federal health insurance program for people 65 and over, and it plays an important role in covering your health care costs as you age. Medicare also covers some people under 65 who have received disability benefits.

Medicare has four parts: A, B, C and D. You must pay the federal government a premium for Medicare Part B, and possibly other parts of Medicare; the amount depends on your income. These premiums are separate from the premiums you pay to UC. See below and medicare.gov/your-medicare-costs for more information.

Part A covers hospital care, skilled nursing and hospice care and home health services. Most people don’t pay a premium for Part A because you or your spouse or ex-spouse have worked full-time for 10 years and paid for it through Medicare taxes.

Part B covers outpatient medical services. Everyone enrolled in Medicare must pay a monthly premium.
premium to the federal government for Part B. For those with higher incomes, this premium is indexed to your modified adjusted gross income.

Part C is another term for “Medicare Advantage,” a type of Medicare-approved plan offered by private insurance companies that combines Medicare Parts A, B, and D benefits. If you enroll in a Medicare Advantage plan, Medicare pays your insurance company a set amount and the company approves and pays for your care.

Part D covers prescription drugs. The cost for Medicare Part D is folded into UC-sponsored Medicare plans, except for UC Medicare PPO without Rx. If you are paying a higher Part B premium due to your income (see information on Part B), you will also pay a Part D surcharge to the federal government.

2. How do UC’s Medicare plans work with Medicare?

UC sponsors five Medicare plans for eligible retirees who live in California, and they work in different ways to increase your coverage over the standard 80% usually covered by Medicare.

Kaiser Permanente Senior Advantage and UC Medicare Choice are Medicare Advantage (Part C) plans (see question 1). The insurance company that offers the Medicare Advantage plan receives a set amount from Medicare to pay for and manage your care; you pay a set copay for some services. You’ll work directly with your physician and the plan if you have questions about whether a certain service or medication will be covered.

UC may refund a portion of the Part B premium you pay to Medicare if UC’s contribution to your retiree medical benefits is more than the total cost of your premium. You’ll see the exact amount on your retiree benefit (pension) statement under “Medicare Part B Reimbursement.”

UC High Option Supplement to Medicare, UC Medicare PPO and UC Medicare PPO without Prescription Drugs are Medicare Supplement plans; your care is governed by Medicare’s rules. When you receive services, your provider submits claims to Medicare first, and then your claims are forwarded to your plan to cover even more of your costs.

3. What are other differences between UC’s Medicare plans, and how do I choose what’s best for me?

Kaiser Permanente Senior Advantage (administered by Kaiser Permanente) is a Medicare Advantage Health Maintenance Organization (HMO) plan with a closed network of providers. This is a good fit if you want lower out-of-pocket costs, like having one doctor manage your care, and if you are comfortable with out-of-network coverage only in emergencies.

UC Medicare Choice (administered by UnitedHealthcare) is a Medicare Advantage Preferred Provider Organization (PPO) plan that offers access to any provider, in-network or out-of-network, at the same cost to you (as long as providers accept this plan and Medicare). Because this is a Medicare Advantage plan, your physician may need prior authorization from UnitedHealthcare for some services. This is a good fit for those who want lower premium and out-of-pocket costs and want the flexibility to see providers both in and out-of-network — for the same out-of-pocket costs.

UC High Option Supplement to Medicare (administered by Anthem Blue Cross), is a Medicare Supplement PPO plan. It usually has the highest premium of UC’s plans, because it covers 100% of the cost for Medicare-covered services (after a small yearly deductible).

UC Medicare PPO (administered by Anthem Blue Cross) is also a Medicare Supplement PPO plan. It’s a best fit if you want direct access to Medicare providers without need for referrals and you are willing to pay variable costs per service (usually about 4% of the costs for covered services). If you’re a retiree and covered by a UC medical plan, your UC Medicare plan will be folded into your UC Medicare plan (except for Medicare Part D and D, depending on their income and the plan they choose).

4. Why should I choose a UC Medicare plan instead of one of the other Medicare plans I see advertised?

You may already be receiving ads for commercial health plans and you can probably just recycle them. If you’re eligible for UC retiree health benefits, a UC Medicare plan is likely to be your best option. Because UC values its retirees and their service, it is projected to contribute over $300 million to health plans (Medicare and non-Medicare) for retirees and their family members in 2021. UC has also negotiated with insurance companies on your behalf to ensure these plans offer as much protection as possible, with an upper limit on your out-of-pocket costs (from $1,050-$1,500, depending on the plan) and help with appeals if you need it.

Medicare Part D for prescription drugs is folded into your UC Medicare plan (except for the UC PPO without Prescription Drugs). If you enroll in these commercial Medicare health and/or Medicare Part D prescription plans, your UC Medicare plan will be terminated automatically.

5. How much do retirees pay for their health plan premiums?

It depends on the plan, who you cover, and the number of years of your UC service. Currently, UC shares the monthly cost of medical and dental coverage with retirees, up to a UC maximum that varies each year depending on overall costs. Under “graduated eligibility,” retirees may be eligible to receive from 5% to 100% of UC’s maximum contribution. Retirees may also pay a premium for Medicare Part B and D, depending on their income and the plan they choose.

6. This year, I am being billed by Medicare for a higher Part B premium than last year. Why?

It is possible that the Part B premium increased, and/or that the modified adjusted gross income you reported on your 2019 tax return was higher than the previous year. The same is true for Part D monthly premiums. The premium amounts are set by Medicare, not UC, and they increase depending on your income. There are appeal procedures that can be directed to Medicare.

7. What happens if I don’t pay my Part B and/or Part D premiums to Medicare?

You could end up paying more for medical coverage, and you may lose your UC-sponsored medical plan altogether. If you drop Medicare Part B and/or Part D, you will be temporarily enrolled in the non-Medicare version of your current UC-sponsored plan, which is more expensive than the Medicare-coordinated plan, and it may cost you more in medical claims costs. Any “Part B Reimbursement” previously paid to you by UC will end, so your pension payment may decrease. You may also be subject to additional costs, including bills from UC for the Part B payments paid to you when you were not enrolled, a non-refundable $419.60 monthly offset to cover higher non-Medicare costs to the university and permanent late enrollment penalties from Medicare when you re-enroll.

If you are having financial difficulty in paying your Medicare Part B or D premiums, there are Medicare Savings Programs to help you. Visit Medicare.gov/contacts or call 1-800-633-4227 for the number and location of your Medicare office.

8. Are there UC retirees over age 65 who are not eligible for Medicare?

If you are a long-term faculty or staff, or a Safety Member, who has not made contributions to Social Security, you may not be eligible for premium-free Medicare Part A — unless you are eligible through a spouse, former spouse or other work credit from a different employer. You may continue to be enrolled in one of UC’s non-Medicare medical plans by submitting your denial letter from the Social Security Administration to the UC Retirement Administration Service Center (with a UBEN 100 form).

9. I’m a retiree under age 65. Since I’m not yet eligible for Medicare, I’m enrolled in a UC non-Medicare plan. How do I sign up for Medicare when I’m eligible?

If you’re a retiree and covered by a UC medical plan, UC will send you a Medicare information packet with enrollment instructions three months before your 65th birthday. The same is true for anyone you cover who is about to continue on page 3
2021 Minimum Required Distributions from your UC Retirement Savings Program Accounts

The IRS requires that you start receiving Minimum Required Distributions (MRDs) from your UC retirement savings accounts the year you reach age 72, or are no longer working at UC, whichever is later. MRDs must then continue every year regardless of change in employment status. If 2021 is the first year that you are subject to receiving MRDs, Fidelity will automatically default and send your MRD payment(s) in mid-March of 2022. All subsequent MRDs, if you have not elected a specific date(s) to receive your MRDs, are issued in mid to late December of each year. This year it is scheduled for Dec. 9.

MRD requirements apply to each of UC’s Retirement Savings Program accounts (TCP, 403(b) and 457(b)) separately. If you have money in more than one account, you must receive an MRD from each. MRD payments also come out proportionately from your investment holdings in each of your retirement savings accounts (certain exceptions may apply to Brokeragelink). Please read the Minimum Required Distributions Fact Sheet, available at ucal.us/MRDfacts, as it provides important information along with your distribution options. If you have questions, concerns or need to check on the status of your MRD, please call Fidelity at 866-682-7787.

NOTE: As part of the Coronavirus Aid, Relief, and Economic Security Act, defaulted MRDs were suspended in 2020, but they are back for 2021. If you voluntarily suspended your systematic withdrawals to receive MRDs on a specific date, please reach out to Fidelity resume.

Home visits in Medicare Advantage plans

Do you know that house calls are available for members of the following plans? House calls are visits made by medical professionals to provide certain types of care or services at your home.

Kaiser Permanente Senior Advantage
House calls are by a plan physician (or a plan provider who is a registered nurse) inside your Home Region Service Area when care can best be provided in your home. Types of care are determined by a plan physician and it’s at no charge.

UC Medicare Choice by United Healthcare
UnitedHealthcare HouseCalls is designed to complement your annual wellness visit with your doctor. HouseCalls is an annual in-home clinical visit with one of their licensed medical staff that supports the care of your primary care provider. The HouseCalls health care practitioner will review and update your medical history, review your current medications and go over any preventive screenings that may be due. It’s a chance for you to ask questions and get answers to your health care questions at no cost to you. Now, you can earn a $50 reward card for completing a HouseCalls visit in 2021. After you complete a HouseCalls visit, your reward card will be sent to you automatically within four to six weeks. HouseCalls visits are available in most, but not all areas. To see if HouseCalls is available in your area, call 1-866-447-7868, TTY 711, Monday through Friday, 5 a.m. – 5:30 p.m. (PT). To learn more, visit: UHCHouseCalls.com

Questions and answers about Medicare continued from page 2

Report life events

Are you experiencing a life event such a new marriage, birth of child, adoption, etc.? Remember to submit a UBEN 100 form so the UC Retirement Administration Service Center (RASC) may make the necessary updates. For divorce and death, submit a copy of divorce decree or copy of death certificate respectively with the form. Please contact RASC at 800-792-5178 if you have any questions or need assistance.

turn 65. In general, Medicare and UC require enrollment at age 65. You need to enroll in Medicare Part A and B. Medicare Part D enrollment will be handled by your plan, except for the plan without prescription drug coverage.

10. I’m a UC retiree and I’d like to cover my partner. Can we continue to have UC coverage if one of us is eligible for Medicare and the other is not?

UC offers combinations of coverage for families with some members who are eligible for Medicare and some who are not. For example, if you are enrolled in UC Care, your Medicare-eligible spouse could enroll in UC Medicare PPO. There is a separate premium table for these combinations, which is available during Open Enrollment.

11. My spouse and I are thinking of moving out of California. Can we keep our UC plan?

There’s a lot to think about if you’re considering a move – including what it might mean for your health insurance coverage. It’s a good idea to talk to someone before you move. If you and everyone you cover with UC insurance are in Medicare and you move to another U.S. state, you’ll transition to the Medicare Coordinator Program, administered by Via Benefits. You won’t have the option to stay in your UC Medicare plan. Through the Medicare Coordinator Program, licensed Via Benefits advisors work with eligible UC retirees to find the Medicare medical and prescription drug plans available where they live that work best for them. These plans are not affiliated with UC.

Your enrollment in an individual medical plan through Via Benefits is paired with a Health Reimbursement Account (HRA), with a maximum annual contribution from UC of $3,000 per person. In many cases, the HRA funds provided by UC will cover the cost of the premiums as well as some additional out-of-pocket health care costs (such as Medicare Part B premiums and copays for your medical care). Any costs above $3,000 are the enrollee’s responsibility and subject to the plans’ out-of-pocket limits.

Retirees must enroll through Via Benefits if all conditions below apply:

• You have a non-California home (residence) address on file
• You are eligible for UC retiree health insurance and receive a monthly retirement benefit
• All family members you cover by UC health insurance are at least 65 years old and eligible for Medicare.

If you have questions about the program, you can contact Via Benefits at 855-359-7381 (TTY: 711), Monday through Friday, 5 a.m. to 6 p.m. (PT) or visit ucal.us/medicarecoordinator for more information.
The pandemic has exposed weaknesses in nursing homes, causing many families to rethink whether to keep an aging parent at home instead. Now a UC San Francisco study has found that many elderly Americans lack the basic self-care equipment that could enable them to live at home longer, postponing the need to move into residential care facilities.

In the study, researchers focused on three inexpensive, low-tech assistive devices: grab bars around the toilet and in the shower or tub area; a shower or tub seat; and a raised toilet or toilet seat. They identified some 2,600 seniors who were representative of Medicare recipients nationwide. They all lived at home but had mobility constraints.

The study found that 42 percent had an “unmet need,” if they lacked both bathroom devices and/or both toilet devices. When transposed to the national population, this cohort amounted to 5 million Americans, representing “a missed opportunity to help [them] live independently and safely,” the researchers reported.

“In contrast with engineered T-cells and regenerative stem cell therapy, this equipment seems mundane,” said study author Kenneth Lam, MD, of the UCSF Division of Geriatrics, noting that each device costs around $50 and is not covered by Medicare. “Yet these low-tech interventions meaningfully reduce injury, enable independence, preserve dignity and improve quality of life in older people suffering from irreversible disability for complex multifactorial reasons.”

Culturally, we are drawn to the idea of reversing aging rather than adapting to it, Lam said. “We’d rather read a book that says we’ll never age than a book on how to cope with it.”

Historian’s muse is never silent

Robert Knapp
Professor Emeritus, UC Berkeley

A powerful teacher at Central Michigan University inspired me to pursue Greek and Latin and a Ph.D. in Ancient History at the University of Pennsylvania. There and on to Berkeley, I found myself immersed in the world of Greece and Rome, working in Spain and at our excavation at Nemea, Greece.

But my roots were in Michigan. My grandmother used to take me to visit the tumbled-down shell of the log home her father, my great-grandfather, had built as a pioneer in the area in 1888. Somewhat miraculously, the log home survived! We brought it back into the family in 1995.

I have been restoring it ever since, replacing rotten logs and keeping it as it was without electricity, plumbing, or running water (except for the kitchen sink pump).

As I spent summer weeks there, enjoying a Michigan summer and its fishing in our river, the land seemed to beckon. An historian’s muse is never silent or patient. I became intrigued with the local history, especially the gangster activity that centered there during the late 1920s and 1930s.

Upon retirement, while I continued to “do” ancient history, I also wrote three books about these nefarious characters. The most recent result is Gangsters Up North. Mobsters, Mafia, and Racketeers in Michigan’s Vacationlands. History is history; its siren call knows bounds neither of time nor of space. In retirement, I have found a modern interest to complement an ancient one.

Life one step at a time

Yolanda Alarcon
Financial Counselor, UC San Diego Medical Center

I retired in 2010 after working at UCSD Medical Center, Hillcrest Campus, for 20-plus years. I have great memories from my time there.

In March of 2011, I was diagnosed with multiple myeloma, and later that year I had a stem cell bone marrow transplant at City of Hope in Duarte, CA. My healing process was slow and painful, but I had family and friends at my side. Today, at age 73, I am happy to say that I will be a 10-year cancer survivor.

A highlight during my recovery was a May, 2018 pilgrimage to Camino de Santiago. I had heard about the Camino de Santiago as a child and it was something I always wanted to do. With two dear friends, we accomplished my all-time dream, completing the 300 miles from Portugal to the city of Santiago De Compostela in Spain in a total of 28 days. The daily walking ranged from 6.2 miles to 20 miles.

My favorite memory: the solitude of the Camino, which allowed me to reflect on life. From that experience, I resolved that for me “life begins every day one step at a time.”

I am humble, blessed and grateful every day. I walk and hike daily, I enjoy gardening and reading, and most of all, I enjoy my family and friends.

Share Your Stories
We want to share your story in New Dimensions. Reach us by email (NewDimensions-L@ucop.edu) or regular mail (Internal Communications, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607).
UC Retirees Travel offers world adventures

As the world opens back up, many travelers have questions about health protocols and COVID-related requirements. Protocols are changing on a continuous basis, but vaccinated travelers will have the most options open to them. The best information source is the U.S. Department of State website, travel.state.gov. Retirees traveling with UC Retirees Travel can rest assured that our partner tour operators are closely monitoring the health requirements for each tour destination and will guide travelers through any needed testing and other requirements.

UC Retirees Travel tours are arranged by two volunteers who are UC retirees themselves. Sue Barnes, the UC Retirees Travel coordinator, retired in 2019 as director of the UCLA Emeriti/Retirees Relations Center after nearly 25 years with UC Davis and UCLA. Sue enjoys travel, biking, sewing, crafting, and spending time with family and friends. Dolores Dyer is the UC Retirees Travel assistant coordinator and coordinator of the UCLA Retirees Association travel group. She retired in 2010 as director of the David Geffen School of Medicine Concierge Health Care Service. She enjoys visiting her grandchildren and traveling with family and friends.

UC Retirees Travel helps to support CUCRA (Council of University of California Retirees Associations), a systemwide consortium of volunteer representatives from all of the UC retiree associations. CUCRA represents retiree interests and advocates for retiree benefits in regular meetings with UC leadership.

Questions? Email UCRetireesTravel@gmail.com.

Deferred Lifetime Income Option purchase begins in August

UC Retirement Savings Program (UC RSP) participants between the ages of 62 and 69 can purchase, from Aug. 16 to Sept. 10, an annuity designed to provide steady monthly income for life, beginning at age 78.

As we’re living longer, our money needs to last longer, too. The Deferred Lifetime Income feature, the latest enhancement to the UC RSP’s Pathway Funds, is designed to turn a portion of your 403(b), 457(b) or DC plan balances into lifetime income, supplementing other retirement income such as Social Security and your UC pension.

Deferred Lifetime Income provides:
- A monthly paycheck starting at age 78.
- Protection against outliving your savings.
- Shelter from financial market volatility.
- Option to provide lifetime income for your spouse.

UC has sent a decision guide to all who are eligible for this option. The guide provides all the details and will help you decide if the Deferred Lifetime Income Option is right for you. You can also go to myUCretirement.com/income to learn how the option works, access resources to help you decide, and to make your purchase if you choose to do so.