

## Guide to Returning to Work While Enrolled in a VIA Benefits Plan

If you are a rehired retiree or recalled academic whose return to work has made you eligible for the Mid-level Faculty/Staff Benefits package, please read this information about how to ensure your benefits enrollment. As a participant in the Medicare Coordinator Program through Via Benefits, you have important decisions to make about whether to continue your Medicare coverage while employed.

### Medical Options

#### Option 1: Decline UC Employer-Sponsored Medical Coverage

- You will remain enrolled in your VIA Benefits plan and continue receiving HRA funding.
- No action is required.

#### Option 2: Enroll in a UC Employer-Sponsored Medical Plan and cancel your Medicare plan through Via Benefits

- Your HRA funding through VIA Benefits will be terminated.
- Any HRA funds received after your enrollment date must be repaid to VIA Benefits.

#### Option 3: Enroll in a UC Employer-Sponsored Medical Plan and Keep Your VIA Benefits

- UC will contribute to the premium of your employer-sponsored medical plan.
- However, HRA funding through VIA Benefits will be discontinued
- If you enroll in an employer group health plan while keeping your individual Medicare plan, Medicare will become the secondary payer to your employer group health plan.

**Dental Coverage:** No action needed. If enrolled in dental coverage as a retiree, you will retain your dental coverage, and premiums will continue to be deducted from your monthly retirement income.

**Legal Coverage:** You can only be enrolled in one plan:

- **Retiree Plan:** If you opt to remain in legal coverage as a retiree, you do not need to take any action.
- **Active Employee Plan:** If you opt to obtain legal coverage as an employee, you need to:
  1. Elect legal coverage during your Period of Initial Eligibility (within 31 days from your date of hire) through UCPATH
  2. Cancel your retiree legal coverage by submitting a UBEN 100, or logging into UCRAYS to cancel. You can access the UBEN 100 form here:  
<https://ucnet.universityofcalifornia.edu/wp-content/uploads/forms/pdf/uben-100.pdf>

**Vision Coverage:** No action needed. If enrolled in vision coverage as a retiree, you will retain your coverage and continue to pay premium directly to VSP.

### How to Disenroll from your VIA Benefits plan

#### Step 1: Submit a Disenrollment Request

- For Medicare Advantage plans:
  - You can call 1-800-MEDICARE (1-800-633-4227) to request disenrollment
- For Medicare Supplement plans:
  - Call the customer service number on your plan ID card.

- Request a cancellation form or submit a written notice to the insurance company stating your intent to disenroll, including your policy number and effective date.

### Step 2: Confirm Disenrollment

- Your plan should send you written confirmation of your disenrollment.
- Be sure to retain this documentation for your records.

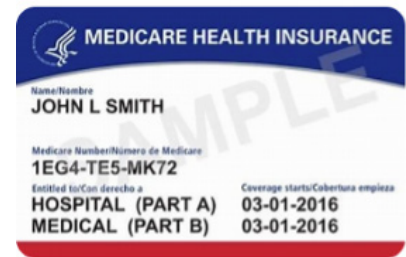
## Medicare Part B Options if you choose to disenroll from your VIA Benefits plan:

- If you choose to keep your VIA benefit: No action needed
  - Continue your enrollment in Medicare parts A, B and D and continue paying premiums
- If you choose to disenroll from your VIA benefit plan (Choose one):

### Option 1: Keep Medicare Part B

**1. Contact Medicare BCRC (Benefits Coordination and Recovery Center):** To update your coordination of benefits and ensure that Medicare is listed as the secondary payer, helping to prevent claim denials.

- Phone: 1-855-798-2627
- Press 1 if you are enrolled into Medicare Part A and Part B.
- Provide your Medicare Beneficiary Identifier (Medicare Number) or Social Security number.



### 2. Inform the Medicare BCRC Representative

- Let the Medicare BCRC representative know that you are returning to work and provide your employee insurance plan's **effective date**.

### 3. Pay Medicare Part B Premiums:

- Continue paying your **Medicare Part B premiums**, including any **IRMAA** (Income-Related Monthly Adjustment Amount), if applicable.

### Option 2: Disenroll from Medicare Part B

To disenroll from Medicare Part B, you may choose one of the following actions.

#### 1. Complete Form CMS-1763 (preferred method):

- This form, titled “**Request for Termination of Premium Part A, Part B, or Part D Immunosuppressive Drug Coverage**,” is required to formally process your request. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1763.pdf>
- Submit the completed form to your local Social Security office by mail or in person. To find your local office, visit <https://secure.ssa.gov/ICON/main.jsp>

#### 2. Send a Letter to Your Local Social Security Office:

- In your letter, request the **termination** of your **Medicare Part B coverage**.
- Specify the **date** you want the coverage to end. (This should be the end of the month in which you are hired and become eligible for faculty/staff benefits.)
- Ensure you **sign** the letter.
- Submit the letter to your local **Social Security office by mail or in person**. To find your local office, visit <https://secure.ssa.gov/ICON/main.jsp>