

# UC Retiree Health

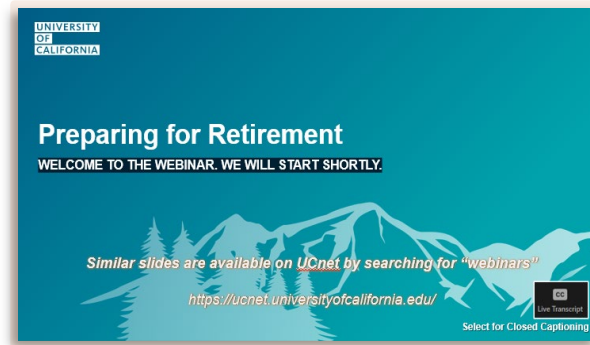
**WELCOME!**

**THE WEBINAR WILL BEGIN SHORTLY.**

*A copy of this deck can be found on  
[www.myuc Retirement.com/webinars](http://www.myuc Retirement.com/webinars)*

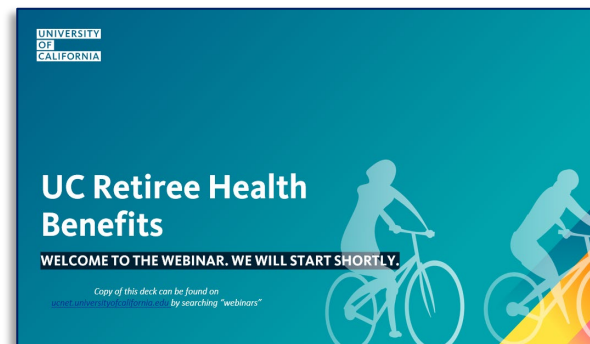


# Retirement Planning Webinar Series



## 1 Preparing for Retirement

Comprehensive overview of UCRP and your retirement benefit options.



## 2 UC Retiree Health

Summary of UC retiree health, eligibility, and your transition to Medicare.



## 3 UC Retirement Process from Start to Finish

Step-by-step guide to creating your retirement profile and electing retirement in UCRAYS.

[www.myucretirement.com/webinars](http://www.myucretirement.com/webinars)

# Agenda



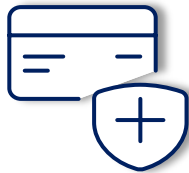
Eligibility



Retiree Health Groups & Premiums



Medicare & UC Overview



UC Medicare Plans and Cost of Care



Transition to Retirement & Beyond

# Eligibility

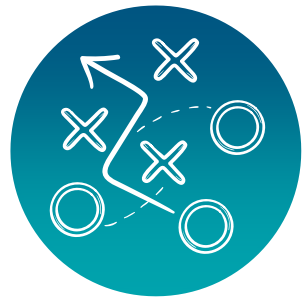
# What to know about UC Retiree Health



UC is committed to ongoing health benefits



Not a guaranteed benefit



Plan designs can change



Your share of costs may change

# Retiree Health and Welfare Benefits



**Medical**



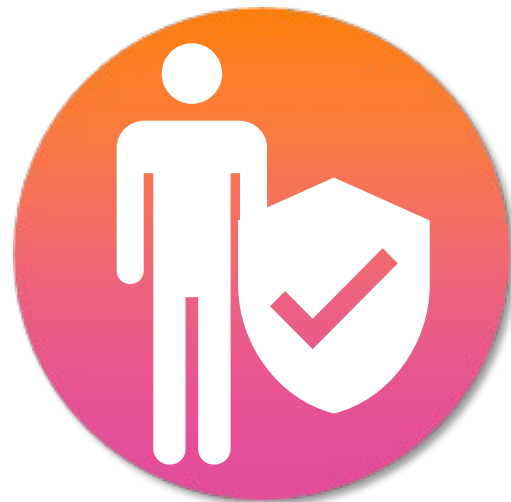
**Dental**



**Legal**



**Vision**



**Accidental Death &  
Dismemberment**



**Pet Insurance**

# 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

*\*If you elect a lump sum cash out you forfeit retiree health.*

# Eligible Family Members

- Spouse
- Domestic partner
- Children up to age 26
- Grand children
- Legal ward
- Overaged disabled child
  - › *Certified by your medical plan before age 26*





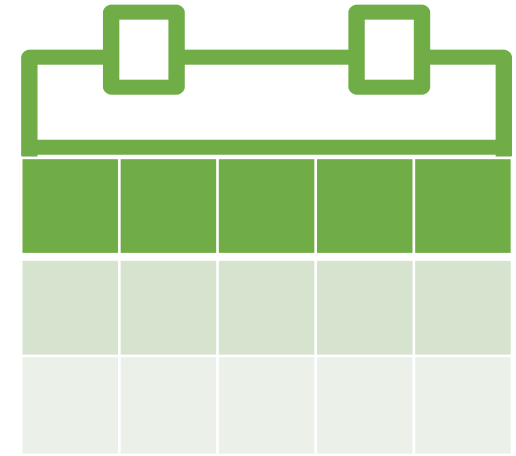
# Retiree Health Groups & Premiums

# Retiree medical and dental cost factors



- › Your retiree health service credit
- › Your retiree health group
- › UC's contribution- determined annually
- › % of UC's contribution you are eligible to receive
- › Medical/Dental premiums charged to UC by the plan
- › Who is covered (Self, +Adult, +Child(ren), +Family)
- › Medicare Eligible

# Retiree health & welfare service credit accrual



- › UCRP service credit
- › Savings Choice service credit
  - › Earned based on percent time worked in an eligible position
  - › View accruals in UCRAYS under “Membership Details”
- › If you take a full refund of your UCRP accumulations or Savings Choice DC Plan balances *before retirement* you forfeit retiree health service credit

# UC Retiree Health Groups

\*Break in service did not exceed 120 days  
\*\*Subject to collective bargaining  
Service Credit (SC)

Group 1	Active UCRP member without a break in service*:  Before January 1, 1990	% of UC Contribution:  100%	
Group 2	Active UCRP member without a break in service*:  January 1, 1990 - June 30, 2013**	% of UC contribution:  50-100%  <i>based on age and service credit in whole years</i>	Minimum 10 years of SC or your age and SC equals 75  50%: 10 years of SC or age + SC= 75  +5%: for each whole year over 10 (11yrs=55%, 12yrs=60%, 13yrs=65%, etc.)  100%: 20+ years of SC
Group 3	Newly hired, or rehired after a break in service*:  On/after July 1, 2013**  Safety Members: hired on or after July 1, 2013, are Group 2	% of UC contribution:  0-100%  <i>based on age and service credit in whole years</i>	Minimum 10 years of SC and age 55  5%: 10 years of SC and age 56  100%: 20+ years of SC and age 65

# Retiree health group 3

Service Credit	Age at retirement										
	55	56	57	58	59	60	61	62	63	64	65
10	0%	5.0%	10.0%	15.0%	20.0%	25.0%	30.0%	35.0%	40.0%	45.0%	50.0%
11	0%	5.5%	11.0%	16.5%	22.0%	27.5%	33.0%	38.5%	44.0%	49.5%	55.0%
12	0%	6.0%	12.0%	18.0%	24.0%	30.0%	36.0%	42.0%	48.0%	54.0%	60.0%
13	0%	6.5%	13.0%	19.5%	26.0%	32.5%	39.0%	45.5%	52.0%	58.5%	65.0%
14	0%	7.0%	14.0%	21.0%	28.0%	35.0%	42.0%	49.0%	56.0%	63.0%	70.0%
15	0%	7.5%	15.0%	22.5%	30.0%	37.5%	45.0%	52.5%	60.0%	67.5%	75.0%
16	0%	8.0%	16.0%	24.0%	32.0%	40.0%	48.0%	56.0%	64.0%	72.0%	80.0%
17	0%	8.5%	17.0%	25.5%	34.0%	42.7%	51.0%	59.5%	68.0%	76.5%	85.0%
18	0%	9.0%	18.0%	27.0%	36.0%	45.0%	54.0%	63.0%	72.0%	81.0%	90.0%
19	0%	9.5%	19.0%	28.5%	28.0%	47.5%	57.0%	66.5%	76.0%	85.5%	95.0%
20 or more	0%	10.0%	20.0%	30.0%	40.0%	50.0%	60.0%	70.0%	80.0%	90.0%	100.0%

Retirement Handbook



# Example: UC's contribution and Medical Premiums



Monthly Premium UC Blue & Gold, Self + Adult	\$2,100		
UC Contribution UC Blue & Gold, Self + Adult	<u>Example A</u> 100% of UC contribution	<u>Example B</u> 75% of UC contribution	<u>Example C</u> 50% of UC contribution
	\$1,400	\$1,050	\$700
Your Monthly Cost	\$700	\$1,050	\$1,400

[UC Retiree Health Plan Costs and Estimator Tool](#)



SCAN ME

# Example: UC's contribution and Dental Premiums



Monthly Premium Dental PPO, Self + Adult	\$120		
UC Contribution Dental PPO, Self + Adult	<u>Example A</u> 100% of UC contribution	<u>Example B</u> 75% of UC contribution	<u>Example C</u> 50% of UC contribution
	\$120*	\$90	\$60
Your Monthly Cost	\$0*	\$30	\$60

\*UC pays 100% of the monthly dental plan premium for retirees eligible for the full UC contribution

[UC Retiree Health Plan Costs and Estimator Tool](#)



# How are premiums paid?



**Medical**



**Dental**



**Legal**

- › Elect coverage as part of the retirement process
- › Deducted from your UC monthly pension check



# How are voluntary premiums paid?



**Vision**



**AD&D**

Reduced to \$250,000



**Pet  
insurance**



**Home, renters  
& auto**

- › Voluntary
- › You enroll separately
- › Pay premiums directly to VSP, Prudential, Nationwide, or California Casualty/Farmers

# Medicare & UC Overview

# How do I qualify for Medicare?

## Most people become eligible for Medicare:

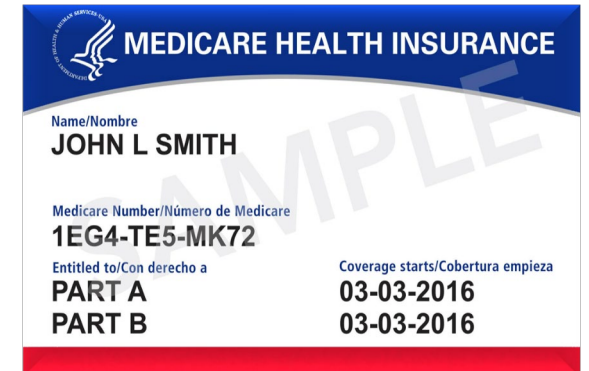
- › Under own work record at age 65 by paying into Medicare for 40 quarters (10 years)
- › Medicare starts the first day of the month you turn 65 for most\*
- › May become eligible for Medicare under age 65 if:
  - › Disabled
  - › End-Stage Renal Disease (ESRD) or
  - › Amyotrophic Lateral Sclerosis (ALS) as determined by SSA

## Other ways you may qualify:

- › Through a current, former, or deceased spouse if you were married for at least 10 years
  - › Reapply when your spouse reaches age 62
  - › Avoid late enrollment penalties with Social Security and UC

## Questions:

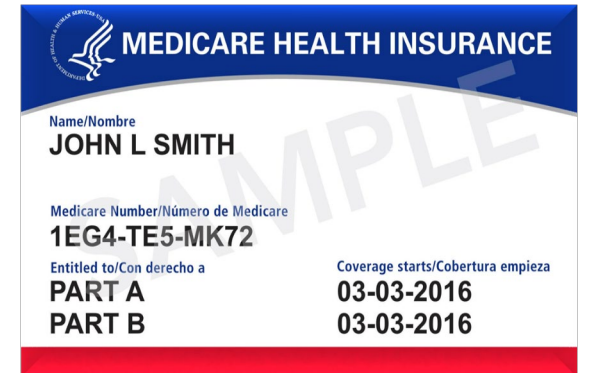
- › Contact SSA directly (800) 772-1213
- › [ssa.gov](http://ssa.gov)



# Enrolling in Medicare

## If you're actively working and turn 65:

- › Delay your enrollment in Medicare without penalty until you retire
- › Rule also applies to covered spouses
- › Exceptions for covered domestic partners and Health Savings Plan members



## When you retire, UC requires:

- › Retirees and enrolled family members eligible for Medicare Part A for free, to enroll in Part B
- › “Coordinating” your UC medical plan with Medicare helps sustain the retiree health program

## If you don't qualify for Medicare when you retire:

- › Provide proof of ineligibility to the RASC
  - › Avoid UC penalties

## Contact Social Security directly if you have questions:

- › (800) 772-1213
- › [ssa.gov](https://www.ssa.gov)

# Medicare while working - age 65+

## 1. Delay enrollment in Medicare Parts A & B until retirement

- Employees and their covered Spouse
- Enroll in Medicare Parts A & B without penalty when you retire

OR

## 2. Enroll in Part A only while working

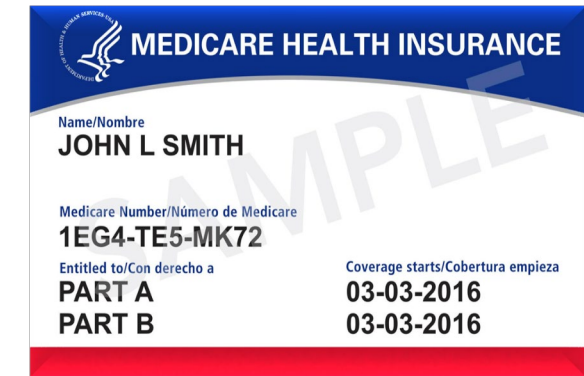
- Employees and their covered Spouse
- No cost for most to enroll in Part A
- Help pay as secondary to your UC employee health plan
- Not required and some *exceptions\**:
  - *Health Savings Plan Members* must delay enrollment in Medicare until retirement
  - *Domestic Partner* contact Social Security before 65th birthday for info on when to apply for Medicare

If you're working and collecting social security income, SSA will automatically enroll you in Parts A & B at 65

- › May defer Part B – contact SSA directly

If you're working and not yet collecting Social Security, you may enroll in Part A

- › Delay enrollment in Parts B & D until retirement



# Medicare **while working** in a nutshell:

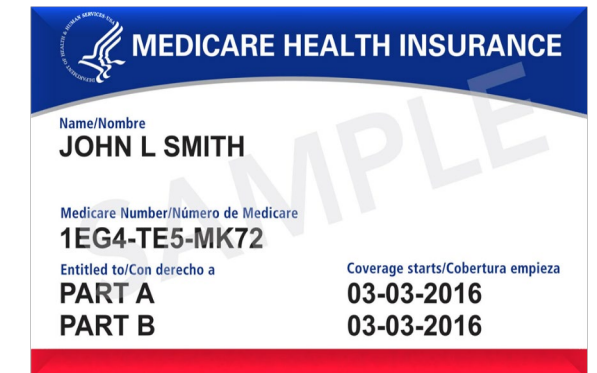
## 1. Delay enrollment in Medicare A & B until retirement

- › Employee & Spouse

**OR**

## 2. Enroll in Part A only with some exceptions:

- › Domestic Partners: **Contact SSA before 65th birthday for info on when to apply**
- › Health Savings Plan members: **Delay enrollment in Medicare until retirement**



## Questions?

- › Contact Social Security (800) 772-1213
- › Local [Health Care Facilitator](#)
- › Contact RASC (800)-888-8267

# How do I enroll in Retiree Health?

Retirement from UC grants you a Special Enrollment Period (SEP), which allows you to apply for Medicare without penalty.

## 1. On your Retirement Election:

- › Continue/Suspend medical, dental, legal
- › Check Medicare box if you or a family member is Medicare-eligible at your retirement

## 2. RASC will send a letter:

- › Instructions on how to enroll in Medicare
- › Steps to submit the CMS L564
- › Info on the UC UBEN Medicare form

## 3. Enroll in:

- › Medicare A & B with SSA
- › Complete the appropriate UBEN Form

**Elect UCRP Retirement**

1 Retirement Details and Payment Option(s) 2 Contact Information and Consent 3 Survivors and Contingent Annuitants 4 UCRP Monthly Benefit 5 CAP Distribution

6 Insurance 7 **Elect UCRP Retirement**

**Review Insurance Details**

Your retiree insurance premiums will be based on the following information.

Bargaining Unit : RX - RX-Research Support Professionals

Last Business Unit : UC Berkeley, Campus

Health and Welfare Service Credit : 27.6154

Percentage of UC Contribution : 100%

Retiree Health Eligibility Group : Group 3

Medical : ☒ Continue ☐ Suspend

Dental : ☒ Continue ☐ Suspend

Legal : ☒ Continue ☐ Cancel

Enrollee	Relationship	Date of Birth	Medical Plan	Dental Plan	Legal Plan
FirstName1074425 LastName1074425	Member	12/12/1967	UC Care Plan	Delta Dental PPO	ARAG Legal Plan
ContactFirstName258141 ContactLastName258141	Spouse	05/17/1963	UC Care Plan	Delta Dental PPO	ARAG Legal Plan

☐ Check if **you and/or your enrolled family member(s)** will be eligible for Medicare on your retirement date. Please review the [Medicare Fact Sheet](#) for more information.  
By checking this box, you will receive instructions on how to enroll in and coordinate Medicare with your UC retiree medical benefits.

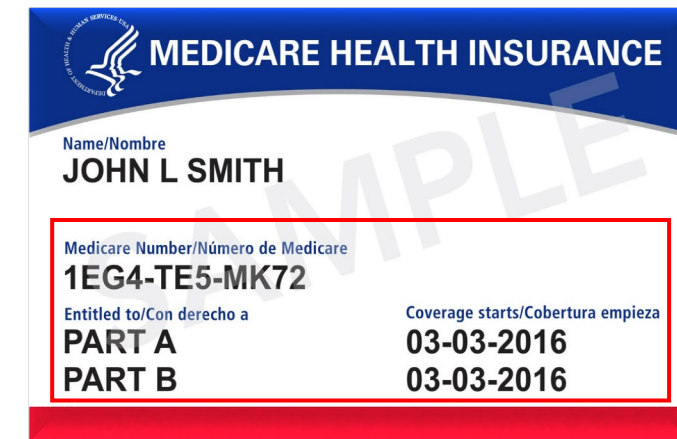
Cancel Previous **Next**



# When do I **enroll** in Medicare?

~ 3 months before your retirement date:

- › Create an account at [ssa.gov/medicare/sign-up](https://ssa.gov/medicare/sign-up)
    - › Enroll in Parts A & B
    - › Enroll in Part B (*if already enrolled in Part A*)
  - › Complete CMS L564 Form
- 
- If you're receiving Social Security income:
    - › You'll automatically be enrolled in Parts A & B
- 
- You need your unique Medicare number to transition to a UC Medicare plan





# CMS L564 Form

## 65+ and retiring from the UC:

✓ Proof you had creditable employer health coverage (65+)

✓ Complete at [ssa.gov/medicare/sign-up](https://ssa.gov/medicare/sign-up)

**Acceptable verifying documentation includes:**

- A signed letter, fax, or email from your location
- W-2s reflecting pre-tax medical contributions;
- Pay stubs that reflect health insurance premium deductions;
- Health insurance cards with a policy effective date;
- Explanation of benefits paid by GHP or LGHP; and

✓ Print the form

- You complete Section A
- Your location will complete Section B
- Return to SSA

✓ If you are turning 65 within 3 months of the start date of your UC retiree health benefits, you can enroll in Medicare during your Initial Enrollment Period (IEP) and do not need to complete this form

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved  
OMB No. 0938-0787

### REQUEST FOR EMPLOYMENT INFORMATION

**SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)**

1. Employer's Name \_\_\_\_\_ 2. Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Applicant's Name \_\_\_\_\_ 5. Applicant's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Employee's Name \_\_\_\_\_ 7. Employee's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION B: To be completed by Employers**

**For Employer Group Health Plans ONLY:**

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. When did the employee work for your company?  
From: (mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: (mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Still Employed: (mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.  
From: (mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: (mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Hours Bank Arrangements ONLY:**

1. Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☐ No

2. If yes, does the applicant have hours remaining in reserve? ☐ Yes ☐ No

3. Date reserve hours ended or will be used? (mm/yyyy)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**All Employers:**

Signature of Company Official \_\_\_\_\_ Date Signed \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title of Company Official \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

Form CMS L564/R297 (08/20) 2

# Retiree Health Partner Plans for Split Families

Employee Plans (non-Medicare plans)	UC Medicare Plans
UC Blue and Gold HMO →	UC Medicare Choice PPO
Kaiser Permanente HMO →	Kaiser Senior Advantage HMO
UC Care PPO/Core PPO →	UC Medicare PPO
UC Health Savings Plan	Switch to a partner plan once you or a family member ages into Medicare.

**Partner Plan:** The **Medicare** version of the employee medical plan.  
**Split families:** A retiree with both **Medicare** & **non-Medicare** family members.

# UBEN Forms for Medicare “Partner Plans”

 UC Blue & Gold HMO  
Complete: UC Medicare Choice UBEN 121

 UC Care PPO, CORE PPO  
Complete: UC Medicare PPO UBEN 123

 Kaiser HMO  
Complete: Kaiser Senior Advantage UBEN 127

 Health Savings Plan  
Complete:  
i. **UBEN 100** Retiree Continuation, Enrollment, or Change form &  
ii. **UBEN 121, 123, or 127** to the plan you choose above

**UC MEDICARE CHOICE ENROLLMENT FORM**  
UBEN 121 (R11/22) University of California Human Resources

**NAVITUS (PDP) ENROLLMENT FORM FOR UC MEDICARE**  
**PPO OR UC HIGH OPTION SUPPLEMENT TO MEDICARE**  
UBEN 123 (R11/22) University of California Human Resources

Employer group: **University of California**

**PERSONAL INFORMATION**

RETIREE NAME (Last, First, Middle Initial): \_\_\_\_\_ RETIREE RETIREMENT DATE: \_\_\_\_\_ RETIREE SOCIAL SECURITY NUMBER: \_\_\_\_\_

**UNIVERSITY OF CALIFORNIA** Human Resources **Medicare Advantage Universal Enrollment/Election Form Group Plan**

Medicare Advantage Plan you are requesting enrollment in:  
**KAISER SENIOR ADVANTAGE**

Employer Group Name (required): **University of California** Group # (Plan to complete): **KN-603624 KS-102624** Requested Effective Date: (subject to CMS approval)

Desired Contracting Medical Group: (if applicable) **N/A** Desired Contracting Physician: (if applicable) **N/A** Medical Group/Physician No.: (if applicable)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: ☐ M ☐ F

Permanent Residence Address (Street Address Only – No P.O. Box, except for individuals experiencing homelessness): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

**RETIREE CONTINUATION, ENROLLMENT OR CHANGE—MEDICAL, DENTAL AND/OR LEGAL PLAN**  
UBEN 100 (R10/21) University of California Human Resources

Mail completed form to: **RASC**  
P.O. Box 24570  
Oakland, CA 94623-1570  
Fax to: 800-792-5178

For help with this form, call the UC Retirement Administration Service Center (800-888-8267) or your location's Health Care Facilitator; for the contact list, visit: [ucnet.universityofcalifornia.edu/contacts/campus-contacts.html](http://ucnet.universityofcalifornia.edu/contacts/campus-contacts.html). Print clearly or type using UCnet online form, sign page 2 (no typed signature) and fax/mail.

**1. YOUR PERSONAL INFORMATION—RETIREE, SURVIVOR OR DISABLED MEMBER**

NAME (Last, First, Middle Initial): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ FORMER CAMPUS/ALUM LOCATION: \_\_\_\_\_ RETIREMENT SYSTEM COVERAGE: ☐ UCRP ☐ CalPERS ☐ OTHER (Specify): \_\_\_\_\_

HOME ADDRESS (Number, Street, City, State, ZIP): ☐ NEW MAILING ADDRESS (Number, Street, City, State, ZIP): ☐ NEW EMAIL (To save go to [retirement@ucservice.ucop.edu](mailto:retirement@ucservice.ucop.edu))

**2. ACTION REQUESTED** Select event here and plan(s) in Section 3.

**ENROLL** (documentation will be requested/verified through UC's vendor UnityHR):  
☐ Spouse (date of marriage: \_\_\_\_\_)  
☐ Domestic partner (enrollment of a domestic partner in your medical or dental plan and successful completion of the Family Member Verification process automatically names them as your UCRP survivor, if eligible)  
☐ \*Registered with State of CA (filing date: \_\_\_\_\_)  
☐ \*Not registered with State of CA (date partnership began: \_\_\_\_\_)  
☐ New survivor (member date of death: \_\_\_\_\_)  
☐ Late enrollment—medical only (90-day delayed effective date: \_\_\_\_\_)  
☐ Involuntary loss of coverage—attach proof (loss of coverage date: \_\_\_\_\_)  
☐ Other (explain in Comments below)

**CANCEL/DE-ENROLL\***  
☐ Divorce, legal separation, annulment (date: \_\_\_\_\_)  
☐ Termination of domestic partnership (date: \_\_\_\_\_)  
☐ Death (date: \_\_\_\_\_)  
☐ Family member (effective date: \_\_\_\_\_)  
☐ Other (explain in Comments below) (effective date: \_\_\_\_\_)  
**SUSPEND\*** (effective date: \_\_\_\_\_)  
☐ Medical plan due to other group/individual coverage/Via Benefits  
☐ Medical plan due to TRICARE For Life  
☐ Dental plan due to other group/individual coverage

**CHANGE**  
☐ Open Enrollment (effective January 1 of the following year)  
☐ Move out of plan's service area (date: \_\_\_\_\_)  
☐ Return to plan's service area (date: \_\_\_\_\_)  
☐ (Check medical plan enrolled in prior to your move.)  
☐ Medicare plan not available/provider group disruption  
☐ Transfer plans into retirement (retirement date: \_\_\_\_\_)  
☐ Transfer plans to UCRP disability  
☐ Other (explain in Comments box below)  
\*For Kaiser Senior Advantage members, also submit form UBEN 101

Comments: \_\_\_\_\_

**MEDICARE—Complete below and send a copy of each member's Medicare card with this form.**

Retiree: \_\_\_\_\_ Retiree's Spouse or Domestic Partner or Child (circle): \_\_\_\_\_

Coverage: Medicare Part A: \_\_\_\_\_ Medicare Part B: \_\_\_\_\_ Medicare Part C: \_\_\_\_\_ Medicare Part D: \_\_\_\_\_ Coverage: Medicare Part A: \_\_\_\_\_ Medicare Part B: \_\_\_\_\_ Medicare Part C: \_\_\_\_\_ Medicare Part D: \_\_\_\_\_

MEDICARE NUMBER: \_\_\_\_\_ MEDICARE NUMBER: \_\_\_\_\_

**3. YOUR MEDICAL, DENTAL, LEGAL PLAN** To de-enroll from your current UC plan and enroll in another UC plan, check "cancel." To de-enroll from your current UC plan and enroll in a non-UC plan, check "suspend."

**MEDICARE MEDICAL PLANS**

Plan	Enroll	Cancel	Suspend
UC Medicare Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaiser Senior Advantage <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UC Medicare PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UC High Option Supplement to Medicare <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UC Medicare PPO without Rx <sup>2,4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Via Benefits—Medicare Coordinator Prog <sup>3,4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NON-MEDICARE MEDICAL PLANS**

Plan	Enroll	Cancel	Suspend
UC Blue & Gold HMO <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaiser-CA <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UC Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UC Health Savings Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DENTAL PLAN**

Plan	Enroll	Cancel	Suspend
Delta Dental PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DeltaCare® USA (CA residents only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LEGAL PLAN**

Plan	Enroll	Cancel
ARAG Legal Plan	<input type="checkbox"/>	<input type="checkbox"/>

**4. FAMILY MEMBER INFORMATION** List all eligible family members referred to in Section 2.

Enter the Relationship Code in box below. You may only enroll one adult other than yourself. (Codes D, L, and K may be subject to imputed income unless tax dependent of retiree for federal purposes.)

Eligible adult: S – Spouse D – Same-sex domestic partner L – Opposite-sex domestic partner  
Eligible children: C – Child (biological or adopted) N – Overage disabled child<sup>5</sup> K – Domestic partner's grandchild<sup>6</sup> or child<sup>7</sup>  
P – Stepchild W – Legal ward<sup>8</sup> G – Grandchild<sup>9</sup>

5 Must be a tax dependent of retiree or spouse/domestic partner unless SSI exception applies  
6 Must be a tax dependent of retiree or spouse/domestic partner  
7 Must be a tax dependent of retiree  
8 If your domestic partnership is registered and you are considered the child's stepparent under state law, enter Code "P" for Stepchild. Otherwise, enter Code "K."  
9 Must be a tax dependent of retiree or spouse/domestic partner unless SSI exception applies

Family Member Name (Last, First, MI)	Sex	Relationship Code (see above)	Birthdate (MONTH DAY YEAR)	Social Security Number (required)	Medical	Dental	Legal
1. _____					<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll
2. _____					<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll

Please retain this UBEN 100 document as part of your UC records.  
SEE PAGE 2—TERMS & CONDITIONS MUST BE ACCEPTED AND THIS FORM MUST BE SIGNED TO BE ENROLLED. INCOMPLETE FORMS WILL NOT BE PROCESSED.

# Parts of Medicare



## Part A: Hospital insurance

- › 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 an extra Part D premium (unless you have a higher income)

\*Part C is not a component of Medicare, it's a Medicare Advantage plan design

# Medicare Part B & D Premium Breakdown



**Determined by Centers for Medicare & Medicaid Services (CMS), updated and released annually**

Based on your modified adjusted gross income, as reported on your IRS tax return from the previous 2 years

- › 2025 premiums based on 2023 tax returns

**2025 Standard Part B premium – \$185.00**

- › \$106,000 or less – filed individual tax return
- › \$212,000 or less – filed joint tax return

**Higher-income earners pay a higher Part B & Part D**

- › \$106,000 or more - filed individual tax return
- › \$266,000 or more - filed joint tax return

# 2025 Medicare Part B & D Premiums

**If your filing status and yearly income in 2023 was**

File individual tax return	File joint tax return	File married & separate tax return	Part B each month (in 2025)	Part D each month (in 2025)
\$106,000 or less	\$212,000 or less	\$106,000 or less	\$185.00	\$0
above \$106,000 up to \$133,000	above \$212,000 up to \$266,000	Not applicable	\$259.00	\$13.70 + Part B premium
above \$133,000 up to \$167,000	above \$266,000 up to \$334,000	Not applicable	\$370.00	\$35.30 + Part B premium
above \$167,000 up to \$200,000	above \$334,000 up to \$400,000	Not applicable	\$480.90	\$57.00 + Part B premium
above \$200,000 and less than \$500,000	above \$400,000 and less than \$750,000	above \$106,000 and less than \$394,000	\$591.90	\$78.60 + Part B premium
\$500,000 or above	\$750,000 or above	\$394,000 or above	\$628.90	\$85.80 + Part B premium

Visit [medicare.gov](https://www.medicare.gov) or contact Social Security for more info



# What if I turn 65 after retirement?

RASC will notify you approximately 3 months before your 65<sup>th</sup> birthday

- › Will send a Medicare letter with information and instructions

**If you're receiving social security income at retirement:**

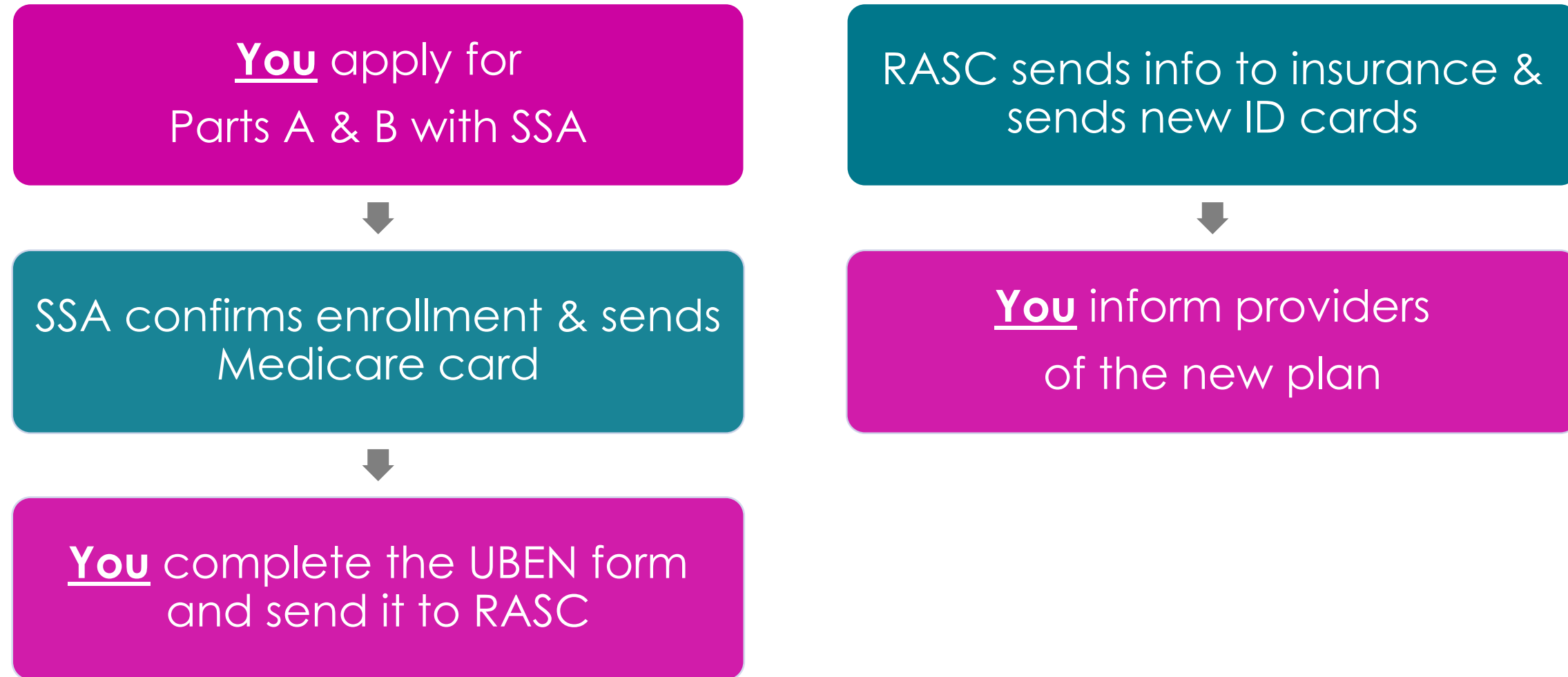
1. SSA will automatically enroll you in Parts A and B
2. Complete the appropriate UBEN form and return to RASC

**If you're not receiving social security income at retirement:**

1. Enroll in Parts A and B with SSA
2. Complete the appropriate UBEN form and send to RASC

**If you're not eligible for Medicare, provide proof of ineligibility to the RASC**

## Transition to Medicare at or after Retirement





# UC medical plans and Medicare

**Medicare** becomes your primary insurance at retirement

- › When you become Medicare eligible
- › Switch to the partner UC Medicare plan

Most UC Medicare plans include Part D (Rx) coverage

- › Do not need to enroll in a separate Part D plan
- › May lose your UC medical coverage if you enroll separately
- › **UC Medicare PPO w/o Prescription Drug**
  - › Must enroll in a Part D plan and provide proof to RASC

Part B Reimbursement for some Kaiser Senior Advantage Members

- › May be eligible for a Part B reimbursement if UC's contribution exceeds the cost of the plan

# Example: Part B Reimbursement

Monthly Premium Kaiser Senior Advantage Self + Adult	\$500		
UC Contribution Kaiser Senior Advantage Self + Adult	<u>Example A</u> 100% of UC contribution	<u>Example B</u> 75% of UC contribution	<u>Example C</u> 50% of UC contribution
	\$800	\$600	\$400
Your Monthly Cost	\$0*	\$0*	\$100
Part B Reimbursement*	\$300*	\$100*	n/a

\*Part B reimbursement is payable if UC’s contribution exceeds the plan premium

[UC Retiree Health Plan Costs and Estimator Tool](#)



# How come we need both?



## **Original Medicare** pays for most, but not all, healthcare services

- › Once you're enrolled in Original Medicare
- › Enrolling in a UC Medicare partner plan helps offset the cost of services under Original Medicare



### **Option 1**

#### **Medicare Advantage Plan (Part C)**

- Offered by Medicare-approved private companies
- May include benefits not covered by Medicare

#### **UC Medicare Advantage Plans**

1. UC Medicare Choice PPO
2. Kaiser Senior Advantage HMO



### **Option 2**

#### **Medicare Supplement Insurance (Medigap)**

- Medicare is primary, and supplement is secondary
- May include benefits not covered by Medicare

#### **UC Medicare Supplement Plans**

1. UC Medicare PPO
2. UC Medicare PPO w/o Rx
3. UC High Option Supplement PPO

# Premium Recap - Medicare & UC

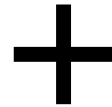
Medicare



## 1. Medicare Part B & (D if you have a higher income) Premiums:

- Deducted from your SS check or
- Billed to you directly if you're not yet receiving SS

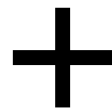
UC



## 2. UC Medical, Dental, & Legal Premiums:

- Deducted from your UC pension
- If eligible for Part B reimbursement added to UC pension

Voluntary

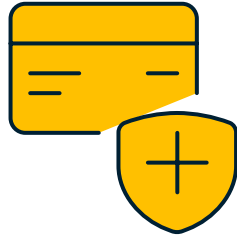


## 3. Voluntary Premium(s):

- Vision, AD&D, & Pet Insurance, California Casualty/Farmers
- Enroll directly with the plan
- Pay premiums directly to the plan

# Cost of Care

## What are the UC non-Medicare plans?



**UC Blue & Gold HMO**

**Kaiser Permanente HMO**

**Core PPO**

**UC Care PPO**

**UC Health Savings Plan PPO**

- › Same as the employee plans
- › Coverage, cost of services, and plan administrators remain the same
- › Premiums change in retirement

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**Which Medical Plan is Right for You?**



**SCAN ME**

# UC Health Plans Overview - Medicare



## Original Medicare \$

Baseline Part A & B coverage. It covers most but not all health care services. Opting for a Medicare Advantage or Medicare Supplement Plan helps offset the out-of-pocket costs under original Medicare.

## Medicare Advantage Plan (Part C) \$\$

Providers bill your health plan directly. You pay a fixed rate for most services (copay).

- **UC Medicare Choice PPO**
- **Kaiser Senior Advantage HMO**

## Medicare Supplement Plan (Medigap) \$\$\$

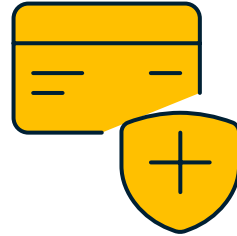
Medicare is the primary payer, supplement is secondary. Pay deductibles and coinsurance for most services.

- **UC Medicare PPO**
- **UC Medicare PPO without prescription drugs**
- **UC High Option PPO**

**UC's Medicare plans are available to Medicare-eligible retirees and family members.**



## What are the UC Medicare plans?



**UC Medicare Choice PPO**  
**Kaiser Senior Advantage HMO**  
**UC Medicare PPO**  
**UC Medicare PPO without Rx**  
**UC High Option PPO**

Medicare Advantage Plans

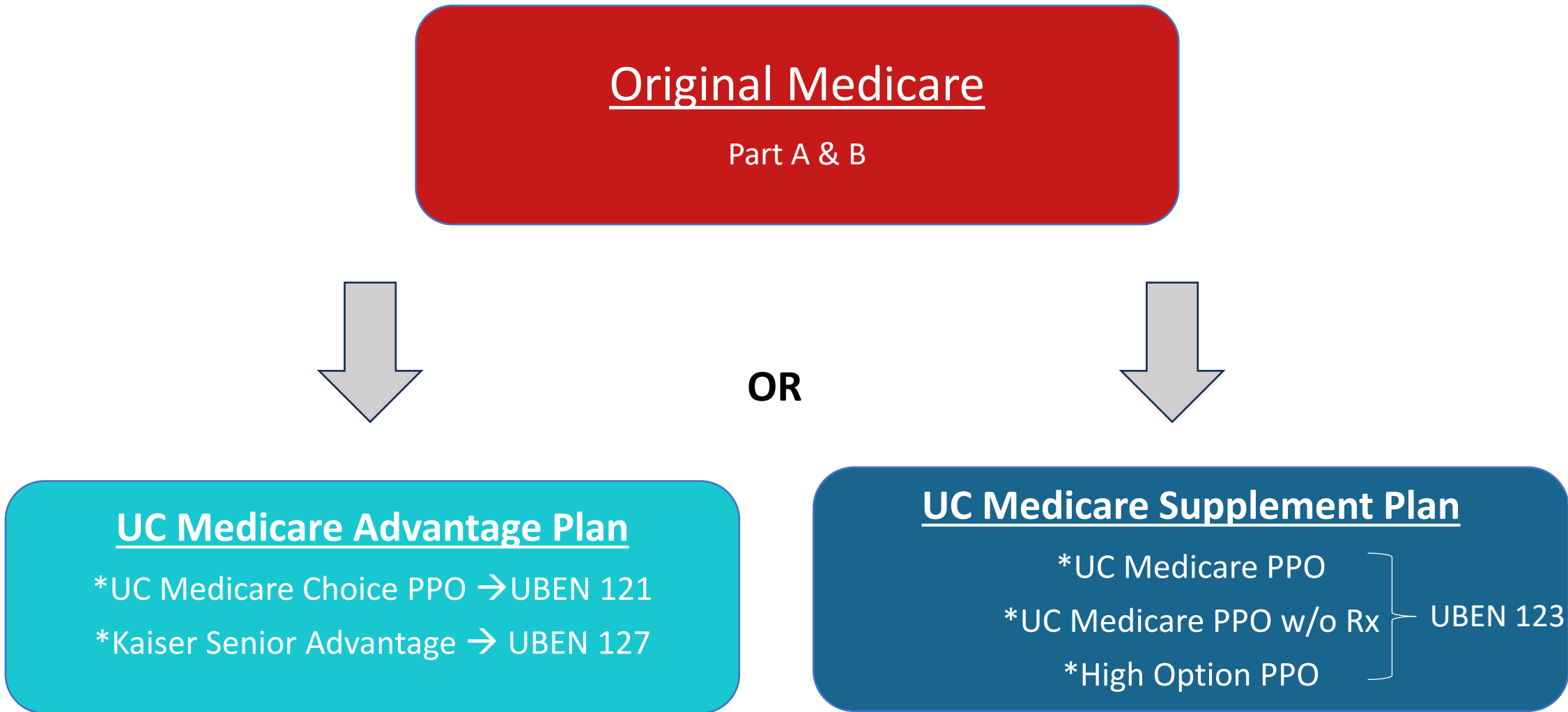
Medicare Supplement Plans

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Which Medicare Plan is Right for You?



# Medicare & UC Health Plans Overview



# UC Medicare Advantage Plans



## Often referred to as “Part C” or” MA “plans

- › You assign your Medicare to a Medicare-approved private company that must follow Medicare rules
- › Provider bills insurance carrier directly
- › You pay copays for services



## UC Medicare Choice PPO → administered by UnitedHealthcare

- › Flexibility to see both UHC and Medicare providers
- › Referrals not required for specialist visits



## Kaiser Senior Advantage HMO → administered by Kaiser

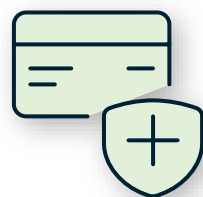
- › Must stay within the Kaiser network
- › Referrals required for specialist visits



## UC Medicare Choice & Kaiser Senior Advantage include Part D prescription drug

- › Do not need to enroll in a separate Part D plan
- › Enrolling in a separate Part D plan can result in the loss of UC coverage



# UC Medicare Advantage Plans – Cost for Services





## UC Medicare Choice PPO & Kaiser Senior Advantage HMO

Service	Copay
Deductible	\$0
Office Visit	\$30
Urgent Care	\$30
Emergency Room	\$65 (waived if admitted)
Outpatient Surgical Center	\$100
Mental Health Inpatient	\$250 (per admittance)
Annual Out-of-Pocket Max	\$1,500 (per member per year)

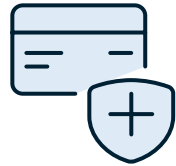
# UC Medicare Advantage Plans – Coverage while traveling

Plan	Services when traveling outside of the U.S.
	Emergencies, urgent care, and routine care are covered at the same copay as within the U.S.
	Emergencies/urgent care covered; inpatient care requires authorization from the plan. Kaiser must be notified; you may need to file for reimbursement. For other services, the plan does not pay

# UC Medicare Advantage Plans – Prescription Costs

Plan	Rx Copay		
	Retail	Mail Order	Specialty Drugs
	<p>(up to 30-day supply)</p> <p>\$10/\$30/\$45</p> <p>(Generic/Brand/Non-Formulary)</p>	<p>(31-90 day supply)</p> <p>\$20/\$60/\$90</p> <p>(Generic/Brand/Non-Formulary)</p>	<p>\$30 (30-day supply)</p>
	<p>Retail</p> <p>\$10/\$30 (up to 30 day supply)</p> <p>\$20/\$60 (31-60 day)</p> <p>\$30/\$90 (61-100 day)</p> <p>(Generic/Brand)</p>	<p>Mail Order</p> <p>\$10/\$30 (up to 30 day supply)</p> <p>\$20/\$60 (31-100 day supply)</p> <p>(Generic/Brand)</p>	<p>N/A</p>

# UC Medicare Supplement Plans



## UC Medicare PPO, UC Medicare PPO w/o Prescription Drug, & High Option PPO

- › Medicare is the primary payer; Anthem pays secondary
- › You pay deductibles and co-insurance for services



## Must use Medicare providers for most services: [www.medicare.gov](http://www.medicare.gov)

- › Non-participating providers can charge up to 15% more
- › Providers who opt out of Medicare are not covered
- › ~ 98% of U.S. providers participate in Medicare (as of 2024)



## UC Medicare PPO & High Option PPO include Part D prescription coverage

- › Do not need to enroll in a separate Part D plan
- › Enrolling in a separate Part D plan can result in loss of UC coverage



## UC Medicare PPO without Prescription drug does not include Part D

- › Enroll in a Part D plan and provide proof of enrollment to the RASC



# UC Medicare Supplement Plans



## UC Medicare PPO

**UC Medicare PPO without Rx** - excludes prescription drug coverage

- › Annual Deductible: \$100\*
- › Annual Out-of-Pocket Max: \$1,500\*
- › Anthem pays 80% after Medicare for most services



## High Option PPO

- › Annual Deductible: \$50\*
- › Annual Out-of-Pocket Max: \$1,050\*
- › Anthem pays 100% after Medicare for most services

\*per member

# UC Medicare Supplements – Office Visit Example

Medicare Allowable = \$150

Who Pays	UC Medicare PPO* 80%	High Option PPO* 100%
Original Medicare pays 80% of allowable (\$150 x 80%)	\$120	\$120
With Original Medicare You pay	\$30	\$30
Anthem Pays	\$24	\$30
You pay	\$6	\$0

\* For most services

# UC Medicare Supplement Plans – Coverage while traveling

Plan	Services when traveling outside of the U.S.
<b>UC Medicare PPO</b> <b>UC Medicare PPO w/o Rx</b>	You pay 20% of billed charges after deductible of \$100 per person
<b>UC High Option</b>	You pay 20% of billed charges after deductible of \$50 per person

# UC Medicare Supplement Plans – Prescription Costs

Plan	Rx Copay	
<b>UC Medicare PPO</b> <b>UC High Option</b>	<b>Retail</b> (up to 30-day supply) \$15/\$35/\$50/\$35 (Tier 1-4)	<b>Mail Order</b> (90-day supply) \$30/\$70/\$100 (Tier 1-4)
<b>UC Medicare PPO w/o Rx</b>	<u>Does not include Part D (drug coverage).</u> Must enroll in a Part D plan and provide proof of enrollment to RASC.	

# Dental and Vision Recap



## Dental

Premium paid in full by UC

- › If you are eligible for the maximum UC contribution

Deducted from UC pension

- › If you have graduated eligibility, you pay the difference



## Vision

Voluntary at retirement

- › Enroll with VSP
- › Retiree rates available on UCnet

# Transition to Retirement & Beyond

# When does UC Retiree Health begin?

Separation or termination from UC is due to your retirement:





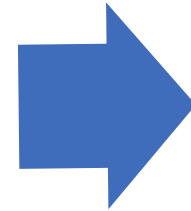
# When will my employee benefits end?

Separation or termination from UC is **not due** to your retirement:

- › Employee coverage ends end on the last day of the month that you separate

Separation Date:

June 27



Employee Health  
Ends:

June 30

# Benefits that end at retirement


- **Life Insurance & Supplemental Health:**  
Call Prudential for available conversion or portability options
- **Health Flexible Spending Account (FSA):**  
Ends on the last day of the last month you contributed
- **UC and employee-paid disability:** Ends on the last day of work



## Cobra Notification Packet

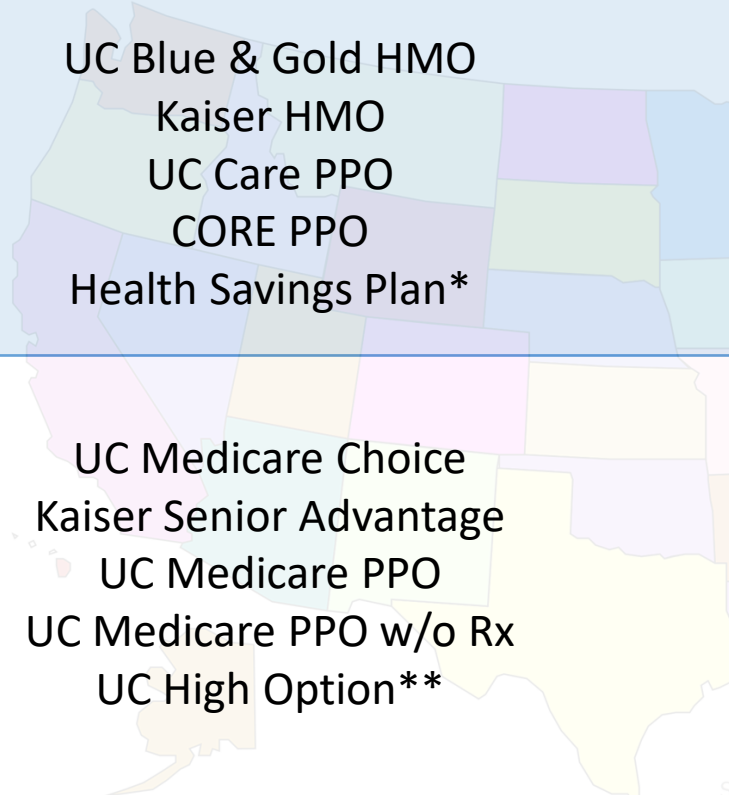
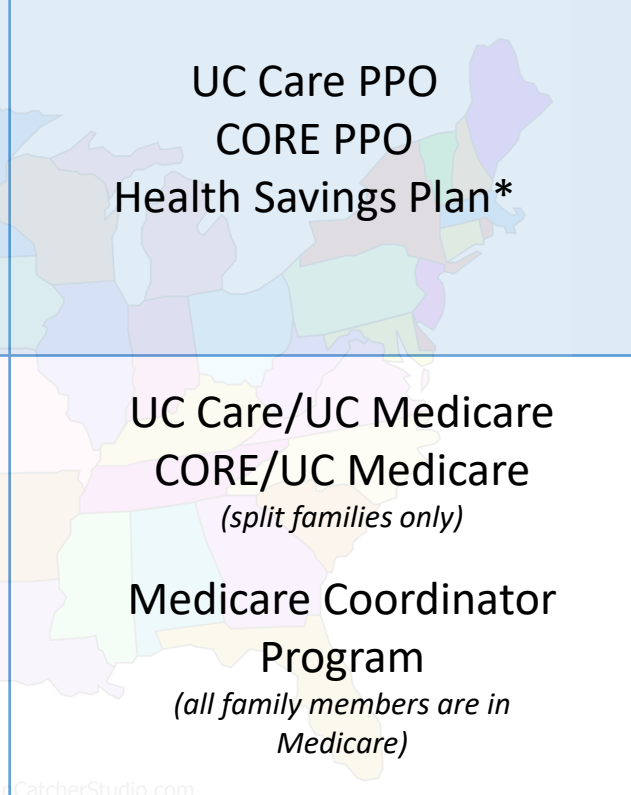
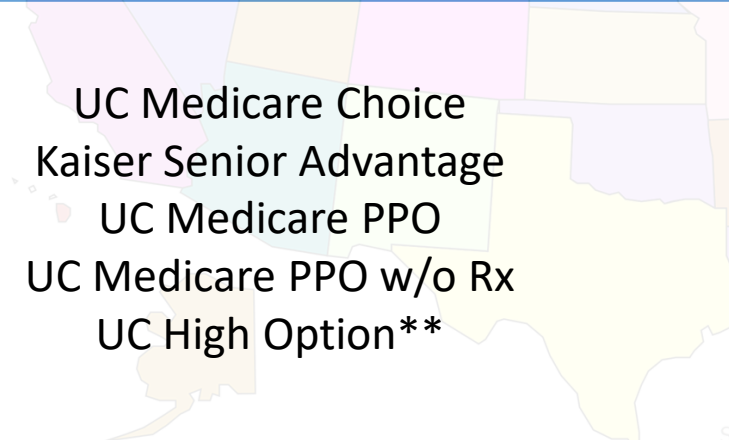
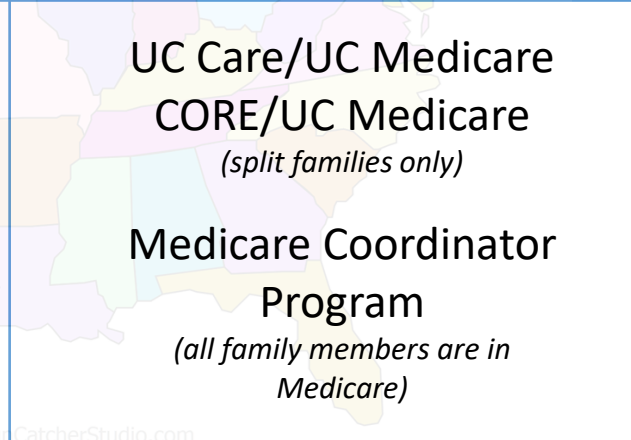
- When your employee benefits end, you will automatically receive a medical plan termination in the mail
- If you are eligible for retiree health benefits or do not need COBRA continuation coverage, you can ignore the medical plan termination letter and disregard the COBRA notification package
- Rates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

# What if I don't qualify for UC retiree health?

 If you are not eligible for UC retiree health benefits, you need to consider the following options:

- › Do you qualify for health benefits under a family member including a UC spouse or domestic partner?
- › Are you eligible for Medicare?
- › COBRA Continuation of Coverage
- › CoveredCA or individual insurance plan

# Medical Plans Geographically

	Available in CA	Available in U.S.	Outside the U.S.
Non-Medicare	 <p>UC Blue &amp; Gold HMO Kaiser HMO UC Care PPO CORE PPO Health Savings Plan*</p>	 <p>UC Care PPO CORE PPO Health Savings Plan*</p>	<p>UC Care PPO CORE PPO</p>
Medicare	 <p>UC Medicare Choice Kaiser Senior Advantage UC Medicare PPO UC Medicare PPO w/o Rx UC High Option**</p>	 <p>UC Care/UC Medicare CORE/UC Medicare <i>(split families only)</i> Medicare Coordinator Program <i>(all family members are in Medicare)</i></p>	<p>Not available</p>

\*Coverage in the HSP must continue from employment, you cannot newly enroll

\*\*Available during open enrollment

# Medicare Coordinator Program



## Eligibility

- › Retirees 65+ living outside of CA but in the US
- › Retiree + Spouse/Domestic Partner in Medicare



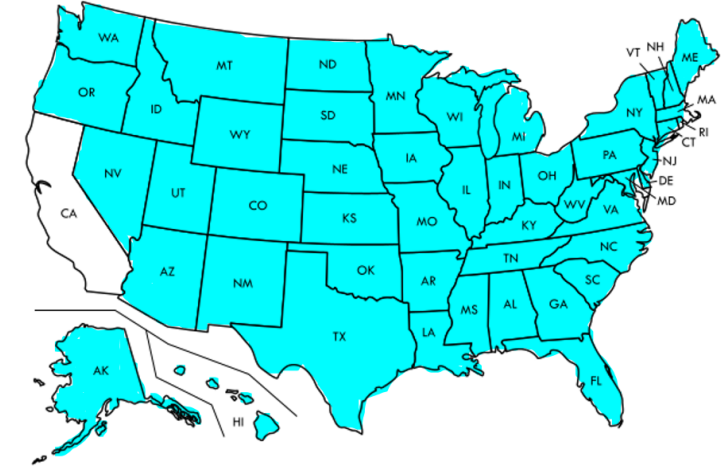
## More choices

- › Individual plans for each family member
- › Choose between Medicare Advantage or a Medicare Supplement Plan design
- › Administered by ViaBenefits



## If you move

- › Notify UC and update your address in UCRAYS
- › Within a month Via Benefits will contact you

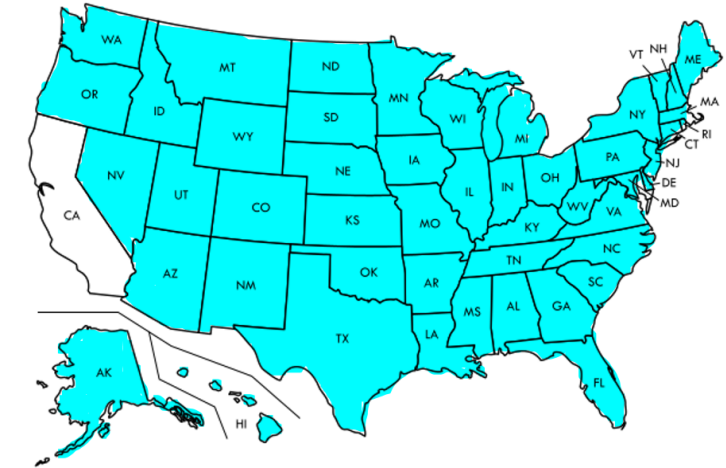


# Medicare Coordinator Program - HRA



## Health reimbursement account (HRA)

- › \$3,000 for retiree and \$3,000 for spouse/domestic partner
- › 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



\$3,000



\$3,000



# Medicare if you move outside of the U.S.



## Medicare generally does not cover health services outside of the U.S.

- › Medicare Part A, available to you if you return. No monthly premium withheld from SSA
- › You may continue to pay for your Part B benefits or drop them while out of the country
  - › If you want to drop Part B you must notify SSA

**Be aware** that when you return to the U.S., you must re-enroll in Part B and your premium will be 10% higher for each 12-month period you could have been enrolled in Part B but were not.



**Schedule a personal interview with SSA to discuss options 1-800-772-1213**



# Who are eligible Survivors?

## Spouse or domestic partner

- › Married/Partnered one year prior to retirement until death
- › Marriage Cert./UBEN 250 Domestic Partnership Declaration

## Children

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

## Pre-Retirement Death

- › Eligible Spouse, Partner or Children can continue benefits if monthly income begins within 120 days of active UCRP member's death

## If your survivor does not qualify:

- › Coverage will end last day of the month of the retiree's death
- › May elect continuation of coverage through COBRA

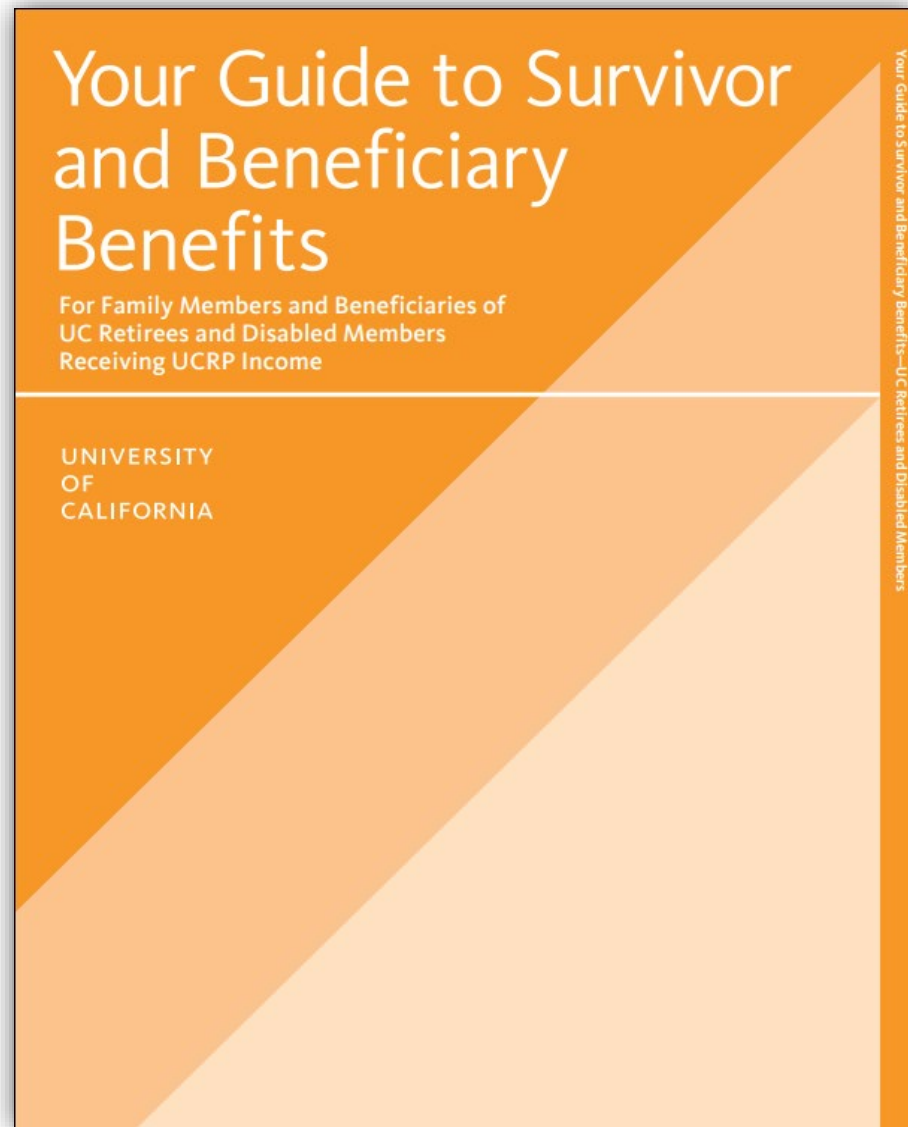
# What about Survivor Health Benefits?

**Eligible survivors** must be enrolled, or eligible to be enrolled, in UC coverage:

- Must be provided with monthly income
  - › **1976 Tier / Safety Members:** Post-Retirement Survivor Continuance or Contingent Annuitant
  - › **2013/Modified 2013/2016 Tiers:** Contingent Annuitant
- Will continue to receive UC contributions based on your eligibility
- Surviving spouses or domestic partners can continue coverage of eligible children

**Savings Choice only retirees:** Survivor health benefits are not available

# Your Guide to Survivor & Beneficiary Benefits



## Step-by-Step Guide:

1. Who to Contact
2. Key Deadlines
3. Required Documentation



# Mid-Year Plan Changes



## Certain qualifying events allow changes mid-year

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



## If you experience a life event:

- › Update changes in UCRAYS
- › Complete the UBEN 100 form within 31 days of the event



## Make changes during annual Open Enrollment

- › October/November
- › OE changes effective Jan. 1

**RETIREE CONTINUATION, ENROLLMENT OR CHANGE—MEDICAL, DENTAL AND/OR LEGAL PLAN**  
UBEN 100 (R10/21) University of California Human Resources

Mail completed form to: RASC, P.O. Box 24570, Oakland, CA 94623-1570  
Fax to: 800-792-5178

For help with this form, call the UC Retirement Administration Service Center (800-888-8267) or your location's Health Care Facilitator; for the contact list, visit: [ucnet.universityofcalifornia.edu/contacts/campus-contacts.html](http://ucnet.universityofcalifornia.edu/contacts/campus-contacts.html). Print clearly or type using UCnet online form, sign page 2 (no typed signature) and fax/mail.

**1. YOUR PERSONAL INFORMATION—RETIREE, SURVIVOR OR DISABLED MEMBER**

NAME (Last, First, Middle Initial) SOCIAL SECURITY NUMBER FORMER CAMPUS/SLAR LOCATION RETIREMENT SYSTEM COVERAGE ☐ UCRP ☐ CalPERS ☐ OTHER (Specify):  
HOME ADDRESS (Number, Street, City, State, ZIP) ☐ NEW MAILING ADDRESS (Number, Street, City, State, ZIP) ☐ NEW EMAIL (To save go to [retirement@yourucservice.ucop.edu](mailto:retirement@yourucservice.ucop.edu))

**2. ACTION REQUESTED** Select event here and plan(s) in Section 3.

**ENROLL** (documentation will be requested/verified through UC's vendor UnifyHR)  
☐ Spouse (date of marriage: \_\_\_\_\_)  
☐ Domestic partner (enrollment of a domestic partner in your medical or dental plan and successful completion of the Family Member Verification process automatically names them as your UCRP survivor, if eligible)  
• Registered with State of CA (filing date: \_\_\_\_\_)  
• Not registered with State of CA (date partnership began: \_\_\_\_\_)  
☐ New survivor (member date of death: \_\_\_\_\_)  
☐ Late enrollment—medical only (90-day delayed effective date: \_\_\_\_\_)  
☐ Involuntary loss of coverage—attach proof (loss of coverage date: \_\_\_\_\_)  
☐ Other (explain in Comments below)

**CANCEL/DE-ENROLL\***  
☐ Divorce, legal separation, annulment (date: \_\_\_\_\_)  
☐ Termination of domestic partnership (date: \_\_\_\_\_)  
☐ Death (date: \_\_\_\_\_)  
☐ Family member (effective date: \_\_\_\_\_)  
☐ Other (explain in Comments below)(effective date: \_\_\_\_\_)  
**SUSPEND\*** (effective date: \_\_\_\_\_)  
☐ Medical plan due to other group/individual coverage/Via Benefits  
☐ Medical plan due to TRICARE For Life  
☐ Dental plan due to other group/individual coverage

**CHANGE**  
☐ Open Enrollment (effective January 1 of the following year)  
☐ Move out of plan's service area (date: \_\_\_\_\_)  
☐ Return to plan's service area (date: \_\_\_\_\_)  
(Check medical plan enrolled in prior to your move.)  
☐ Medicare plan not available/provider group disruption  
☐ Transfer plans into retirement (retirement date: \_\_\_\_\_)  
☐ Transfer plans to UCRP disability  
☐ Other (explain in Comments box below)  
\*For Kaiser Senior Advantage members, also submit form UBEN 101

Comments: \_\_\_\_\_

**MEDICARE—Complete below and send a copy of each member's Medicare card with this form.**

Retiree					Retiree's Spouse or Domestic Partner or Child (circle)				
Coverage Starts	Medicare Part A	MO	DI	YR	Coverage Starts	Medicare Part A	MO	DI	YR

MEDICARE NUMBER: \_\_\_\_\_

**3. YOUR MEDICAL, DENTAL, LEGAL PLAN** To de-enroll from your current UC plan and enroll in another UC plan, check "cancel." To de-enroll from your current UC plan and enroll in a non-UC plan, check "suspend."

**MEDICARE MEDICAL PLANS** ENROLL CANCEL SUSPEND  
UC Medicare Choice ☐ ☐ ☐  
Kaiser Senior Advantage<sup>1</sup> ☐ ☐ ☐  
UC Medicare PPO ☐ ☐ ☐  
UC High Option Supplement to Medicare<sup>4</sup> ☐ ☐ ☐  
UC Medicare PPO without Rx<sup>2, 4</sup> ☐ ☐ ☐  
Via Benefits—Medicare Coordinator Prog<sup>3, 4</sup> ☐ ☐ ☐

**NON-MEDICARE MEDICAL PLANS** ENROLL CANCEL SUSPEND  
UC Blue & Gold HMO<sup>1</sup> ☐ ☐ ☐  
Kaiser—CA<sup>1</sup> ☐ ☐ ☐  
UC Care ☐ ☐ ☐  
UC Health Savings Plan ☐ ☐ ☐  
CORE ☐ ☐ ☐

**DENTAL PLAN** ENROLL CANCEL SUSPEND  
Delta Dental PPO ☐ ☐ ☐  
DeltaCare® USA ☐ ☐ ☐  
(CA residents only)

**LEGAL PLAN** ENROLL CANCEL  
ARAG Legal Plan ☐ ☐

1 Must live in plan's service area 2 Must send proof of other Medicare Part D coverage 3 Must live outside of CA 4 All covered members must be enrolled in Medicare

**4. FAMILY MEMBER INFORMATION** List all eligible family members referred to in Section 2.

Enter the Relationship Code in box below: You may only enroll one adult other than yourself. (Codes D, L, and K may be subject to imputed income unless tax dependent of retiree for federal purposes.)  
Eligible adult: S – Spouse D – Same-sex domestic partner L – Opposite-sex domestic partner  
Eligible children: C – Child (biological or adopted) N – Overage disabled child<sup>5</sup> K – Domestic partner's grandchild<sup>6</sup> or child<sup>8</sup>  
P – Stepchild W – Legal ward<sup>7</sup> G – Grandchild<sup>6</sup>

5 Must be a tax dependent of retiree or spouse/domestic partner unless SSI exception applies  
6 Must be a tax dependent of retiree or spouse/domestic partner  
7 Must be a tax dependent of retiree  
8 If your domestic partnership is registered and you are considered the child's stepparent under state law, enter Code "P" for Stepchild. Otherwise, enter Code "K."

Family Member Name (Last, First, MI)	Sex	Relationship Code (see above)	Birthdate (MONTH DAY YEAR)	Social Security Number (required)	Action		
					Medical	Dental	Legal
1.					<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll
2.					<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel/de-enroll

Please retain this UBEN 100 document as part of your UC records.  
SEE PAGE 2—TERMS & CONDITIONS MUST BE ACCEPTED AND THIS FORM MUST BE SIGNED TO BE ENROLLED. INCOMPLETE FORMS WILL NOT BE PROCESSED.

# Returning to work at UC after retirement



## You will be offered Mid-level faculty/staff benefits if you meet each of the criteria:

- › You are rehired on or **after July 1, 2025**, at any percentage of FTE (including 0%) within 26 weeks (6 months) of separation **or** rehired at 43.75% FTE **and**
- › You were eligible for faculty/staff benefits at the time of separation **and**
- › You are eligible for UC retiree health benefits

## If you are rehired and qualify for Mid-level faculty/staff benefits:

- › UC retiree **medical** will be suspended (may remain in retiree dental/vision)
- › 31-day PIE to enroll or waive Mid-level benefits

## If you are reinstated:

- › **All** UC retiree health benefits will be suspended
- › 31-day PIE to enroll or waive faculty/staff benefits



## Questions?

- › [Returning to work at UC after Retirement](#) – page on UCnet
- › [RASC](#)
- › [Local Benefits Office](#)

# Tools & Resources

## Retirement Administration Service Center (RASC) – 1-800-888-8267

[retirementatyourservice.ucop.edu](https://retirementatyourservice.ucop.edu) (UCRAYS)

View your membership and service credit details

Apply for and elect UC retirement

Manage your UC retiree health plan enrollments

## Fidelity Workplace Financial Consultants – 1-800-558-9182

[MyUCretirement.com](https://myucretirement.com)

Retirement Readiness

Enroll/view retirement savings program balances

Financial classes/webinars

1:1 Personal Retirement counseling

## UCnet - [UCnet.universityofcalifornia.edu](https://ucnet.universityofcalifornia.edu)

Annual Open Enrollment Information

Summary of Benefits Booklets

Medicare Factsheet

Retirement Handbook

## Health Care Facilitators (HCF)

Dedicated and knowledgeable campus resources

Supports UC faculty, staff, & retirees

Helps you better understand your UC benefits

## Social Security

[ssa.gov](https://ssa.gov)

(800) 772-1213

(800) 325-0778 (TTY users)

## Centers for Medicare & Medicaid Services (CMS)

[medicare.gov](https://medicare.gov)

(800) MEDICARE (800-633-4227)

(877) 486-2048 (TTY users)



# Thank You!

Your feedback matters!  
Please take a moment to complete  
our survey.

Survey Link:

[ucop.questionpro.com/Retiree](https://ucop.questionpro.com/Retiree)



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