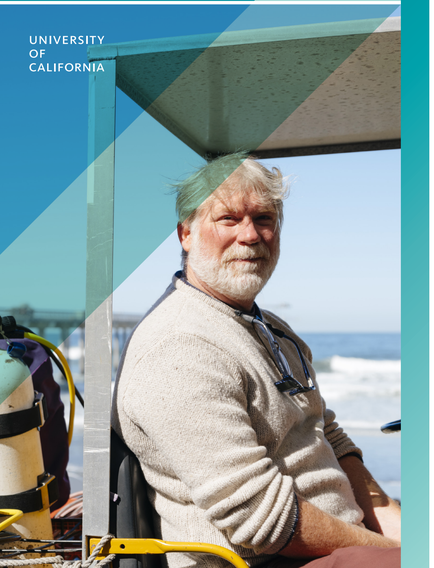
Which Medicare plan is right for you?

2026 QUICK-REFERENCE GUIDE



Retiree Medical Plan Costs

Retirees can find their monthly premiums for the medical plans listed online at ucal.us/retireepremiums

THIS IS A SUMMARY ONLY

Important details—such as limitations, exclusions, exceptions and other qualifiers—may not be included. For detailed information, call the plan or see their website for specific benefits, provider information and plan booklets.

Service areas: To determine if a plan provides service where you live, call the plan directly or see their website.

Website links: For plan website links, visit the UCnet website (ucal.us/plancontacts).

Note: For more information on how UC-sponsored medical plans coordinate with Medicare and on "balance billing," see UC's *Medicare Fact Sheet* available at ucal.us/medicarefacts.

Anthem Blue Cross is the medical plan administrator of the UC Medicare PPO, UC High Option Supplement to Medicare, and UC Medicare PPO without Prescription Drugs plans. Navitus is the pharmacy benefit manager of the UC Medicare PPO and UC High Option Supplement to Medicare. The UC Medicare Choice Plan is insured through UnitedHealthcare.

DEFINITIONS

Calendar year deductible: The calendar year deductible is the amount you must pay before the medical plan begins to pay a percentage of the total cost of benefits. Until the deductible is met, you pay the total cost of services not covered by Medicare. Review each plan's annual deductible and monthly premium to decide which plan is best for you.

Annual out-of-pocket maximum: The out-of-pocket maximum is the annual ceiling for your copayments or coinsurance during the calendar year. After this amount is reached, the plan may pay medical or prescription drug benefits at 100 percent after Medicare (where applicable). Some expenses do not apply toward the maximum (see plan booklets).

Medicare allowable: The Medicare-approved amount for a covered service.

PLAN	ACCESS	COSTS								
	Routine Medical Care	**Doctor Visit**			**Hospitalization**	**Emergency**	**Lab Work**	**Prescription Drug Copay [1,2]**	**Prescription Drugs: Calendar Year Out-of-Pocket Maximums**	**Medical Services when Traveling Outside of U.S.[3]**
Kaiser Permanente Senior Advantage 1-800-443-0815	Kaiser plan providers and facilities	You pay $30 copay; Medicare and plan pay the rest.			You pay $350 copay per admittance. Medicare and plan pay the rest.	• You pay $100 copay (waived if admitted) • Medicare and plan pay the rest.	No charge	**Generic/Brand** Retail (up to a 30-day supply): $10/$30; 31–60-day supply: $20/$60 or 61–100-day supply: $30/$90 Mail-Order: $10/$30 for up to a 30-day supply or $20/$60 for a 31–100-day supply	$2,100 per member[7]	Emergencies/urgent care covered; inpatient care requires authorization from the plan. HMO must be notified; you may need to file for reimbursement. For other services, the plan does not pay.
UC High Option Supplement to Medicare[1] 1-844-437-0486	Any provider that accepts Medicare	• Plan covers Medicare Part B deductible • Medicare pays 80% of Medicare allowable • Plan generally pays remaining 20%	**Example:** Medicare allowable:[1] Medicare pays: Plan pays: You pay:	$150 $120 $30 $0	**First 60 days:** • Plan covers Medicare Part A deductible • Medicare pays the balance **Days 61–90:** • Medicare pays all but $408 per day • Plan pays $408 per day • You pay nothing **Days 91 and beyond[4]:** • Plan pays 80% of eligible expenses • You pay 20% of eligible expenses	• You pay nothing • Medicare and plan pay 100%	• You pay nothing for Medicare-approved services • Medicare pays 100%	**Preferred Pharmacies:** (Select UC pharmacies, Costco, CVS, Safeway/Vons, Walgreens, Walmart) and Costco mail order **Tier 1/Tier 2/Tier 3/Tier 4[5,6]** (30-day supply): $15/$35/$50/$35 (31–90-day supply):$30/$70/$100 **Navitus Participating Pharmacies:** **Tier 1/Tier 2/Tier 3/Tier 4[5,6]** (30-day supply): $15/$35/$50/$35 (31–60-day supply): $30/$70/$100 (61–90-day supply):$45/$105/$150 **Select Generic:** $0 (not all dosages are covered at $0 cost share)	$1,000 drug plan maximum out-of-pocket per member $2,000 Medicare true out-of-pocket (TrOOP) limit per member[7]. Extra Covered drugs only count toward the $1,000 drug plan maximum, not the $2,000 Medicare TrOOP.	You pay 20% of billed charges after deductible of $50 per person.
UC Medicare Choice 1-866-887-9533	Any in- or out-of-network provider who participates in Medicare and accepts the plan[8]	You pay $30 copay; Medicare and plan pay the rest. Part B Drugs copay $30. $1,500 medical OOPM would apply since Part B drugs are covered under the medical plan. Part B chemotherapy drugs and certain vaccines would continue to be covered at a $0 copay			You pay $350 copay per admittance. Medicare and plan pay the rest.	• You pay $100 copay (waived if admitted) • Medicare and plan pay the rest.	No charge	**Generic/Brand/Non-Formulary** Retail (up to 30-day supply): $10/$30/$45; Retail (90-day supply): $30/$90/$135; Mail Order (31–90-day supply): $20/$60/$90; Specialty drugs (dispensed only up to 30-day supply at a time): 30% up to $150 per prescription. Combined $100 deductible on Tiers 3 & 4 (Non-preferred brand and specialty medications)	$2,100 true out-of-pocket limit per member[7]	Emergencies, urgent care, and routine care covered at same copay as within U.S.
UC Medicare PPO[1] 1-844-437-0486	Any provider that accepts Medicare	• Plan covers Medicare Part B deductible • Medicare pays 80% of Medicare allowable • Plan pays 80% of remaining eligible expenses • You pay 20% of remaining eligible expenses plus any excess charges	**Example:** Medicare allowable:[1] Medicare pays: Plan pays 80% of balance: You pay:	$150 $120 $24 $6	**First 60 days:** • Plan covers Medicare Part A deductible • Medicare pays the balance **Days 61–90:** • Medicare pays all but $408 per day • Plan pays 80% of $408 per day • You pay 20% ($80.00) of $408 per day **Days 91 and beyond[4]:** • Plan pays 80% of eligible expenses • You pay 20% of eligible expenses	• Medicare pays 80% • Then plan pays 80% of the eligible balance • You pay amount remaining	• You pay nothing for Medicare-approved services • Medicare pays 100% • Diagnostic Services and X-ray have a 20% member responsibility	**Preferred Pharmacies:** (Select UC pharmacies, Costco, CVS, Safeway/Vons, Walgreens, Walmart) and Costco mail order **Tier 1/Tier 2/Tier 3/Tier 4[5,6]** (30-day supply): $15/$35/$50/$35 (31–90-day supply):$30/$70/$100 **Navitus Participating Pharmacies:** **Tier 1/Tier 2/Tier 3/Tier 4[5,6]** (30-day supply): $15/$35/$50/$35 (31–60-day supply): $30/$70/$100 (61–90-day supply):$45/$105/$150 **Select Generic:** $0 (not all dosages are covered at $0 cost share)	$2,100 per member[7] Members continue to pay the cost of extra covered drugs, even after true out-of-pocket is met.	You pay 20% of billed charges after deductible of $100 per person.
UC Medicare PPO without Prescription Drugs[1,2] 1-844-437-0486	Any provider that accepts Medicare	• Plan covers Medicare Part B deductible • Medicare pays 80% of Medicare allowable • Plan pays 80% of remaining eligible expenses • You pay 20% of remaining eligible expenses plus any excess charges	**Example:** Medicare allowable:[1] Medicare pays: Plan pays 80% of balance: You pay:	$150 $120 $24 $6	**First 60 days:** • Plan covers Medicare Part A deductible • Medicare pays the balance **Days 61–90:** • Medicare pays all but $408 per day • Plan pays 80% of $408 per day • You pay 20% ($80.00) of $408 per day **Days 91 and beyond[4]:** • Plan pays 80% of eligible expenses • You pay 20% of eligible expenses	• Medicare pays 80% • Then plan pays 80% of the eligible balance • You pay amount remaining	• You pay nothing for Medicare-approved services • Medicare pays 100% • Diagnostic Services and X-ray have a 20% member responsibility	No prescription drug benefits	NA	You pay 20% of billed charges after deductible of $100 per person.

Medical Benefits Summary: 2026

(for members with Medicare)

PLAN	COSTS											
	Wellness Visit	**Durable Medical Equipment**	**Vision Exams**	**Hearing Exams/Hearing Aids**	**Chiropractor**	**Acupuncture**	**Mental Health Inpatient**	**Mental Health Outpatient**	**Substance Use Inpatient**	**Substance Use Outpatient**	**Calendar Year Deductible**	**Annual Out-of-Pocket Maximum—Medical Benefits[11]**
Kaiser Permanente Senior Advantage 1-800-443-0815	No charge[9]	No charge	$30 (no charge for one Medicare-covered glaucoma screening per year)	Exam: $30 Aids: Standard hearing aids every 36 months, $2,500 maximum per ear (medically necessary)	$20 (manual manipulation as covered by Medicare only); covered as medically necessary when approved by a plan provider	$30; covered as medically necessary for specific conditions when approved by a plan provider. Visit limits may apply.	$350 copay per admittance; no charge for intensive outpatient and partial hospitalization	$30 for individual visit $15 for group visit	$350 copay per admittance for detoxification; $100 copayment per admission for home transitional residential recovery services; $5 per day for intensive outpatient and day-treatment programs.	$30 for individual visit $5 for group visit	$0	$1,500 per member per year
UC High Option Supplement to Medicare[1] 1-844-437-0486	No charge (deductible waived)[9]	No charge, if covered by Medicare	No charge when part of diabetes care or the Welcome to Medicare preventive visit, which must occur within the first 12 months of enrollment in Part B (coverage is for a simple vision test)	Exam: No cost after Medicare pays; for diagnostic exams if ordered by a physician Aids: 20% (maximum 2 hearing aids every 36 months, analog or digital); deductible $50 per person	• Medicare pays 80% of approved services (manual manipulation of the spine) • Plan pays balance • You pay nothing • You pay all costs for other services or tests	You pay 20% (deductible $50 per person) (24-visit limit per calendar year) Note: Some acupuncture services may be covered by Medicare. See the *Medicare and You* handbook on medicare.gov for more details.	You pay nothing for services provided by Medicare; otherwise you pay 20% and deductible applies.	You pay nothing for services provided by Medicare; otherwise you pay 20% and deductible applies.	You pay nothing for services provided by Medicare; otherwise you pay 20% and deductible applies.	You pay nothing for services provided by Medicare; otherwise you pay 20% and deductible applies.	$50 per member[10]	$1,050 per member
UC Medicare Choice 1-866-887-9533	No charge[9]	No charge	$0 copay, 1 routine eye exam every 12 months ($30 copay for exam to diagnose and treat diseases and conditions of the eye)	Exam: $30 Aids: Standard hearing aids (analog or digital) every 3 years at no charge (maximum $2,000 combined ear allowance)	$20 (24 visit limit/plan year)	$30 (24-visit limit per plan year)	$350 copay per admittance; $30 per day for intensive outpatient care and partial hospitalization	$30 (group or individual visit)	$350 copay per admittance; $30 per day for intensive outpatient care and partial hospitalization.	$30 (group or individual visit)	$0	$1,500 per member per year
UC Medicare PPO[1] 1-844-437-0486	No charge (deductible waived)[9]	• Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance	No charge when part of diabetes care or the Welcome to Medicare preventive visit, which must occur within the first 12 months of enrollment in Part B (coverage is for a simple vision test)	Exam: 20% after Medicare pays; for diagnostic exams if ordered by a physician Aids: 20% (maximum 2 hearing aids every 36 months, analog or digital); deductible $100 per person	• Medicare pays 80% of approved services (manual manipulation of the spine) • Plan pays 80% of balance • You pay the remainder and all costs for other services or tests	You pay 20% (deductible $100 per person) (24-visit limit per calendar year) Note: Some acupuncture services may be covered by Medicare. See the *Medicare and You* handbook on medicare.gov for more details.	For services covered by Medicare: • Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: • Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: • Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: • Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	$100 per member[10]	$1,500 per member
UC Medicare PPO without Prescription Drugs[1,2] 1-844-437-0486	No charge (deductible waived)[9]	• Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance	No charge when part of diabetes care or the Welcome to Medicare preventive visit, which must occur within the first 12 months of enrollment in Part B (coverage is for a simple vision test)	Exam: 20% after Medicare pays; for diagnostic exams if ordered by a physician Aids: 20% (maximum 2 hearing aids every 36 months, analog or digital); deductible $100 per person	• Medicare pays 80% of approved services (manual manipulation of the spine) • Plan pays 80% of balance • You pay the remainder and all costs for other services or tests	You pay 20% (deductible $100 per person) (24-visit limit per calendar year) Note: Some acupuncture services may be covered by Medicare. See the *Medicare and You* handbook on medicare.gov for more details.	For services covered by Medicare: • Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: • Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: • Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: • Medicare pays 80% of Medicare allowable • Plan pays 80% of the balance • You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	$100 per member[10]	$1,500 per member

1 UC Medicare PPO, UC Medicare PPO without Prescription Drugs and UC High Option Supplement to Medicare examples assume that you have met your annual deductible, and that your doctor accepts Medicare assignment. After you meet your annual out-of-pocket maximum, your plan will pay 100% of your covered expenses. Actual charges for office visits are usually higher than the Medicare allowable amount. If your doctor does not accept Medicare assignment, you are also responsible for balance billing. Call the plan for details.

2 Retirees may enroll in this plan only if all enrolled family members have outpatient prescription drug coverage (as verified by CMS) through another Medicare Part D prescription drug plan.

3 Consult the plan booklet or carrier for terms of coverage if your permanent address is outside the U.S.

4 Costs are different if using 60 lifetime reserve days. See plan booklet for details.

5 The Navitus prescription drug formulary classifies (and charges for) medications by tier, as follows:
Tier 1—Preferred generics and some lower cost brand products
Tier 2—Preferred brand products and some high cost non-preferred generics
Tier 3—Non-preferred products (could include some high cost non-preferred generics)
Tier 4—Specialty products

6 When a generic drug is available and you or your physician choose the brand-name drug, you must pay the applicable brand copay plus the difference between the cost of the brand-name drug and the generic equivalent. With prior authorization, exceptions for medical necessity can be made and you pay the Tier 3 (Non-preferred) copay.

7 Members will move into the catastrophic phase once their out-of-pocket spending on Medicare Part D prescription drug costs (including certain payments made on their behalf) reaches $2,100, and they will pay $0 for covered drugs for the rest of the plan year.

8 Provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule.

9 Medicare covers an initial "Welcome to Medicare" preventive visit and annual "Wellness" visits, where you and your doctor discuss and develop or update your personalized disease prevention plan. Note that you may be subject to copayments or coinsurance if you receive additional tests or services during the same visit that are not covered under the preventive benefits. See medicare.gov for more information on Wellness visits.

10 Applies to certain services not covered by Medicare, called Benefits Beyond Medicare, which are services that the UC plan covers when Medicare either does not cover at all or when Medicare limits have been reached.

11 For prescription drug out-of-pocket maximums, see information on reverse.

12 Members have an option to enroll in the Medicare Prescription Payment Plan for costs incurred at the pharmacy. Contact your Pharmacy Benefit Manager for more information.