

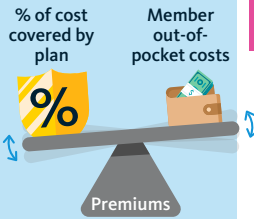
How does UC determine the amount employees pay for medical plan benefits?

It's a great question with a not-so-simple answer. Here's a simplified view of how it works.



1 Review out-of-pocket costs for covered services

UC adjusts each plan's deductibles, copays, coinsurance and out-of-pocket maximums to help balance premiums with what plan members pay when care is received (out-of-pocket costs).

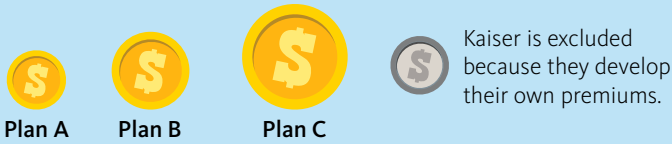


2 Set UC medical plan budget for the next year

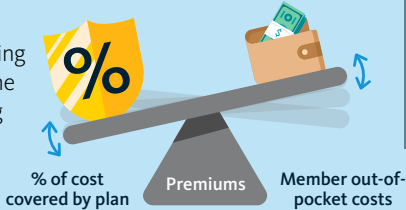
Assess recent medical plan claims costs and add projected increases to estimate next year's total costs.

3 Combine, average and adjust

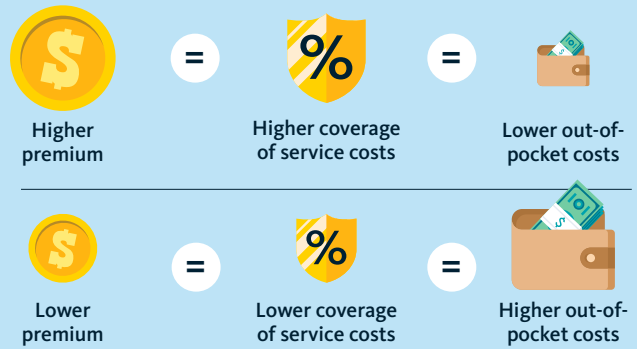
Each medical plan has a different cost (premium), which is determined by factors that include recent claims and how costs are shared when care is used.



Premiums are balanced by adjusting how costs are shared between the plan and its members — creating a range of options to support members' different financial and care needs.

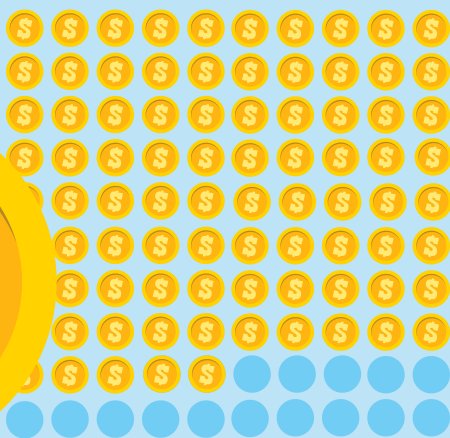


All UC medical plans cover similar services. **What differs is how much of the cost is covered.** Plans with higher coverage usually have higher premiums. Plans with lower coverage usually have lower premiums — offering options for different budgets and preferences.



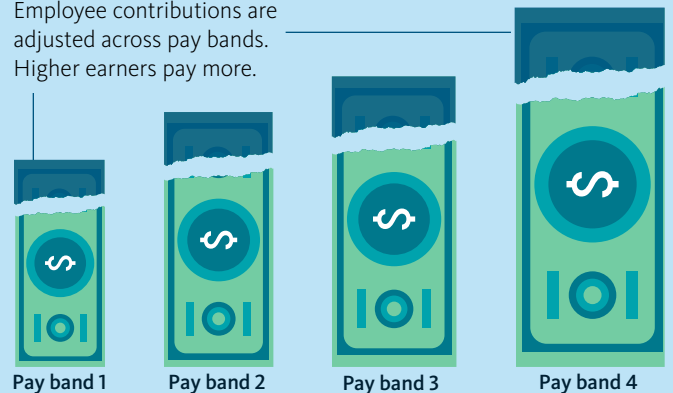
4 Apply UC's contribution

On average, for 2026, UC pays about **85%** of all plan premiums.



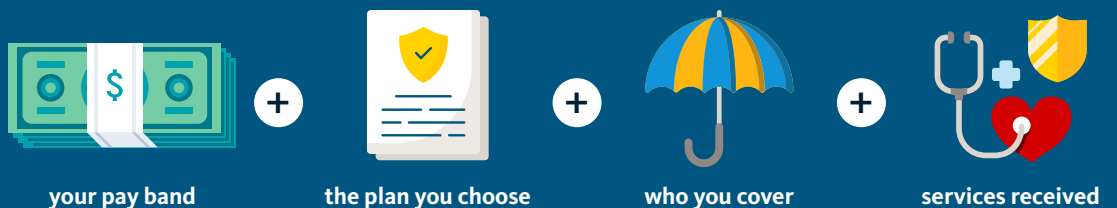
5 Adjust by employee pay band

Employee contributions are adjusted across pay bands. Higher earners pay more.



What you pay

Your premiums and out-of-pocket costs are determined by:



Your contributions may vary based on terms of bargaining union contracts and location-specific subsidies.