Medicare Fact Sheet

UNIVERSITY
OF
CALIFORNIA

YOUR MEDICARE ID CARD AND MBI NUMBER

Your Medicare Beneficiary Identifier (MBI) is a randomly-generated number that Medicare uses instead of your Social Security Number to identify you. It has 11 characters made up of numbers and letters.

- Visit mymedicare.gov to create an online Medicare account, view your MBI number or print a copy of your card.
- Or call 800-MEDICARE (800-633-4227). TTY users can call 877-486-2048.

WATCH OUT FOR SCAMS

Medicare will never call you uninvited and ask you to give them personal or private information to get your Medicare number or card.

If someone asks you for your information or for money, or threatens to cancel your health benefits if you don't share your personal information, hang up and call 800-MEDICARE (800-633-4227).

For More Information About Medicare
These organizations may be able to answer your questions about Medicare.

Medicare plan benefits
Centers for Medicare and Medicaid Services (CMS)
800-633-4227 (available 24 hours a day, 7 days a week)
medicare.gov

Enrolling in Medicare and premium payments
Social Security Administration (SSA)
800-772-1213
800-325-0778 TTY
www.ssa.gov

General health insurance and Medicare information
Health Insurance Counseling and Advocacy Program (HICAP)
800-434-0222
www.cahealthadvocates.org

CHANGING YOUR ADDRESS WITH UC AND MEDICARE

UC

You can change your address with UC using your UC Retirement At Your Service (UCRAYS) online account. Visit https://ucal.us/retireehelp for instructions. You will be able to enter a home, mailing or temporary address. A confirmation statement will be mailed to your home address.

MEDICARE

If you are enrolled in Medicare, you can change your address online by using a my Social Security account at www.ssa.gov/myaccount. Go to the My Profile Tab on my Social Security.

You will be asked to supply a street address to remain eligible for insurance in a Medicare plan. P.O. Boxes are not acceptable as a home address.

If you get Social Security Income (SSI), do not have a U.S. mailing address, or are unable to change your address online, you can:

- Call 800-772-1213 (TTY 800-325-0778), Monday through Friday from 8 a.m. to 7 p.m.
- Contact your local Social Security office. You can search for your local office by zip code at https://secure.ssa.gov/ICON/main.jsp

If you do not receive Social Security benefits, SSI or Medicare, you do not need to change your address with Medicare.

If you're 65, chances are you're eligible for Medicare—the federal program begun in the 1960s to provide those age 65 and over with secure access to medical care.

If you're still working at UC, your UC employee medical plan remains your primary coverage even if you enroll in Medicare, but you may need to make some decisions about Medicare for yourself or a family member who is turning 65.

If you're retired, UC offers several plans that coordinate with Medicare. Often this coordination means that you pay less for certain medical expenses than you would if you had only Original Medicare coverage (Part A and B).

These plans may also be available to those under 65 who qualify because of disability, permanent kidney failure (end-stage renal disease) or amyotrophic lateral sclerosis (ALS).

This fact sheet covers the basics of Medicare, including when to enroll and how it works together with UC-sponsored medical plans. It also includes information comparing the coverage and costs of the UC-sponsored medical plans that coordinate with Medicare.

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Tip

To keep your UC-sponsored retiree medical coverage, you need to enroll in Medicare at the appropriate time (see "How and When to Enroll in Medicare" on page 7), assign your Medicare to your UC medical plan and keep current on your Medicare premium payments. Remember that once you retire and are enrolled in Medicare, Medicare becomes your **primary medical insurer** and coordinates benefits with your UC-sponsored plan. Your UC medical coverage depends on you keeping your Medicare coverage. *If you don't enroll at the appropriate time and keep up with your Medicare premiums, you could lose your UC medical coverage and pay penalties to UC and Medicare. See "Know your deadlines" on page 6 for more information.*

If you're disabled, please also see *Your Guide to Disability Benefits* for important information that applies to you.

The A, B, C and D of Medicare

Medicare's terminology can be confusing at first, but once you understand a few essentials, it becomes fairly straightforward. Medicare has four parts: A, B, C and D. The term "Original Medicare" refers to Part A and Part B benefits only.

Part A covers hospital inpatient care, skilled nursing and hospice care, and home health services. It's "premium-free," as long as you, your spouse or your ex-spouse have worked full time for 10 years and paid Social Security taxes. If you qualify through your spouse or ex-spouse, you need to have been married at least 10 years.*

Part B covers outpatient medical services like doctor visits, including some preventive care as well as ambulance services, mental health care, and durable medical equipment like wheelchairs and walkers.

You must pay a monthly premium to maintain Medicare Part B coverage. Under Medicare regulations, this monthly premium is higher for those with higher incomes. Part B premiums are paid to the Social Security Administration (SSA). If you're receiving Social Security income, the premiums will be deducted from your monthly Social Security benefit. If not, Social Security will bill you directly.

If you're eligible for one of UC's Medicare-coordinated medical plans, it's possible that you'll get a portion of your Part B premium refunded to you. That's because the amount UC contributes toward your retiree medical benefits is sometimes higher than the total cost of the premium. If this is the case, the university will refund part of the amount that you pay for your Medicare Part B premiums. (This reimbursement is added to your UCRP monthly pension benefit payment or sent via check to eligible Savings Choice members.) To be eligible for UC medical plan coverage, you must have "assigned" your Medicare to the UC medical plan at the appropriate time by completing a form. You also must maintain continuous enrollment by paying both your Part B premium to Social Security and your portion of the UC medical plan premiums to UC on time.

For 2026, UC's contribution covers, on average, 70 percent of the total premium for the UC medical plan.

* To learn more about how you may qualify through a spouse, former spouse or deceased spouse, please contact the Social Security Administration at 800-772-1213 or visit www.ssa.gov; see page 10.

Part C is different—it doesn't refer to a separate subsection of care like Parts A, B and D. Instead, it's another term for Medicare Advantage plans—a type of Medicare-approved plan run by private companies. UC offers Medicare Advantage plans with HMO and PPO options. Under these arrangements, you're required to assign your Medicare Parts A and B benefits to your plan (enrollment into D is automatic), and to maintain that assignment. In return, the plan provides all of your benefits. To learn more about how this works, see "How UC Medical Plans Work with Medicare," on page 12.

Part D covers prescription drugs. The cost is folded into your UC-sponsored medical plan premium. Most UC retirees don't pay an extra premium for Part D coverage, but you may pay a premium if your income is above a certain dollar amount. See "More about Part D" for information about how Part D coverage coordinates with specific UC Medicare medical plans.

SOCIAL SECURITY AND MEDICARE

People tend to link Social Security and Medicare, but there are many instances when they are not connected. For example, the age at which individuals are eligible for their full Social Security benefit may be later than age 65, but the Medicare eligibility age remains at 65. Also, some long-term faculty and staff, and Safety Members, have not made contributions to Social Security and Medicare, and thus may not be eligible for premium-free Medicare Part A. If this applies to you, you will continue to be enrolled in a non-Medicare UC medical plan—unless you are eligible for Medicare through a spouse, former spouse or other work credit from a different employer. The University requires a denial letter from Social Security to continue your non-Medicare medical plan past age 65.

YOUR RESPONSIBILITY

There are three steps most UC members need to take to enroll in a Medicare plan:

1. Call, visit or go online to Social Security to enroll in Medicare
2. Assign your Medicare to your UC medical plan, refer to page 12 for more information
3. Pay your Medicare and UC plan premiums

STEP 1—ENROLL IN MEDICARE

Unless you are still working for UC or currently covered for insurance by another UC employee, you must sign up for Medicare when you turn age 65, if you're eligible. See "If you turn 65 and you're still working for UC" on page 7 to learn more about Medicare rules for active employees. Generally, you're first eligible for Medicare Part A and Part B starting 3 months before you turn 65. If you don't sign up and assign your Medicare to your UC plan by the date you turn age 65, you will remain in the non-Medicare plan. You will also pay a significant penalty on top of your monthly non-Medicare premium and you risk termination of your UC medical plan. Once you enroll in and assign your Medicare, you'll move to a UC-sponsored medical plan that coordinates with Medicare. If you are eligible for Social Security, you can still enroll in Medicare without electing to receive Social Security.

If you're not eligible for premium-free Medicare Part A, send your Medicare denial letter from Social Security to UC before you turn 65 and you'll continue in your UC-sponsored non-Medicare medical plan.

STEP 2—ASSIGN YOUR MEDICARE

To ensure that your Medicare coverage and your UC coverage work together properly, you must "assign" your Medicare benefits to your medical plan. You can complete this step by submitting the appropriate form for your current medical plan, as noted below.

All forms are available on UCnet at https://ucal.us/forms. Each Medicare member you cover completes a separate form. If you submit a form to assign your Medicare, the signed and completed form must be returned to UC the month prior to your desired Medicare effective date. For example, if you turn 65 in July, UC needs your form in June, along with a copy of your Medicare card, if available.

UC's Medicare Advantage plans:
UC Medicare Choice—*UC Medicare Choice* (UBEN 121)

Kaiser Senior Advantage—*Medicare Advantage Universal Enrollment/Election Form for Kaiser Senior Advantage* (UBEN 127)

UC's Part D plans:
UC Medicare PPO or UC High Option Supplement to Medicare—*Blue Cross MedicareRx (PDP) with Senior Rx Plus Enrollment Form for UC Medicare PPO or UC High Option Supplement to Medicare* (UBEN 123)

Medicare Part D and Your UC Medicare Plan

In all UC Medicare plans except UC Medicare PPO without Prescription Drugs, your Medicare Part D prescription drug coverage coordinates with your UC medical plan. **You don't need to—and should not—buy or participate in Part D drug coverage from any other source.**

Enrolling in Other Employer, Retiree or Part D Plans

Under Medicare rules, you're not allowed to be enrolled in more than one "creditable" Part D or Medicare Advantage plan. ("Creditable" just means that the plan's coverage is likely to pay at least as much as the standard Medicare benefit.)

So, if you have Medicare-coordinated insurance with another employer or retiree plan that includes creditable Part D prescription drug coverage or you enroll in an individual Part D plan, you cannot also have Part D creditable coverage with a UC plan. If you decide to keep the other plan, you may be able to suspend your UC coverage, or enroll in UC Medicare PPO without Prescription Drugs. To learn more about suspending coverage, take a look at the *Group Insurance Eligibility Fact Sheet for Retirees and Eligible Family Members* (https://ucal.us/gieretirees).

UC Medicare PPO Without Prescription Drugs

To enroll in this plan you must be enrolled in a non-UC prescription drug plan and send proof of enrollment to UC. Proof from your Part D insurance plan should include the names of all enrolled members and the Part D start date. Enrollment in Original Medicare does not qualify as a standalone prescription drug plan, since Medicare Parts A and B do not cover all categories of drugs. Make sure you are enrolled in both a medical and prescription drug plan. Medicare will charge you a late enrollment penalty if you have a gap in your creditable coverage. The penalty is permanent, even if you re-enroll.

STEP 3—PAY YOUR MEDICARE AND YOUR UC MEDICAL PLAN PREMIUMS

Under Medicare rules, if you are enrolled in Medicare you need to maintain continuous creditable prescription drug coverage whether you have a Part D or Medicare Advantage plan. To do this, you must continue paying your Medicare premium to Social Security **as well as** your medical plan premium to UC (your payment to UC is usually deducted from your monthly benefit check). If you don't pay your Part B or D premiums to Social Security, UC will be notified and you could lose your UC medical coverage altogether.

The A, B, C and D of Medicare

If you have a break in medical coverage and don't enroll in another plan with prescription drug coverage within 63 days, Medicare will charge you a permanent Late Enrollment Penalty (LEP). This LEP is billed to you directly for payment by your medical plan. This includes members who have a current LEP or any future LEPs.

KNOW THE RULES: UNDERSTANDING THE PENALTIES FOR DELAYED MEDICARE ENROLLMENT OR BREAKS IN COVERAGE

It is important to remember that, once it's your time to enroll, you need to keep your Medicare coverage current for you to keep your UC medical coverage. If you don't enroll at the appropriate time and keep up with your Medicare premiums, you will be subject to penalties by UC and Medicare, and could lose your UC medical coverage.

UC'S MEDICARE OFFSET PREMIUM

Anyone enrolled in a UC medical plan (including you and/or someone you cover) who is out of compliance with UC's requirements for enrolling in and maintaining Medicare coverage will be responsible for the Medicare offset premium. This penalty, currently $419.60 (reassessed annually), will be charged **every month** until the individual either suspends coverage, enrolls in Medicare or has coverage terminated by UC. UC terminates coverage for individuals who are out of compliance on March 31 of every year.

MEDICARE LATE ENROLLMENT PENALTIES

The UC Medicare offset premium is in addition to any late enrollment penalties charged by Medicare. If you don't sign up for Medicare when you're required to do so, you may have to pay penalties of:

- 10% for late enrollment in Part A
- 10% for each year you could have signed up for Part B, but didn't
- 1% for each month you didn't join a Medicare Part D drug plan when you first got Medicare or for going 63 days or more without creditable drug coverage

For details about Medicare's late enrollment penalties and when they apply, visit Medicare.gov.

YOUR COSTS FOR MEDICARE COVERAGE

Medicare Part A is usually premium-free. There is always a monthly premium for Part B coverage. You pay the Social Security Administration for your Part B premium. Usually it is deducted from your Social Security benefit.

If you are not receiving a Social Security benefit at this time, there are four ways you can pay your Medicare bill:

1. Pay directly from your bank account through your bank's online bill payment service. Contact your bank or go to their website to set this up.
2. Sign up for Medicare Easy Pay (at medicare.gov/medicare-easy-pay), a free service that automatically deducts your premium payments from your savings or checking account each month, usually on the 20th.
3. Pay by check or money order. Mail your Medicare payment coupon from Social Security with your payment.
4. Pay by credit card or debit card.

The standard Part B premium amount in 2026 is $202.90 (or higher depending upon your income). However, if you pay your Part B premium through your monthly Social Security benefit, you may pay less ($130.00 on average). Social Security will tell you the exact amount of your Part B premium.

You may pay the standard premium amount if:

- You enroll in Part B for the first time in 2026
- You have Medicare and Medicaid, and Medicaid pays your premiums (your state will pay the standard premium amount of $202.90)

Individuals with a Modified Adjusted Gross Income (MAGI) reported on their 2024 federal tax return of more than $109,000 (more than $218,000 for married couples) will pay $202.90 plus an additional amount based on their income (see chart at right). If you had a major life-changing event such as a work stoppage or reduction and your income has gone down, you may use form SSA-44 from the Social Security Administration (available at www.socialsecurity.gov/forms/ssa-44.pdf) to request a reduction in your income-related monthly adjustment amount.

The A, B, C and D of Medicare

The Part D plan premium for most UC retirees will be zero. Most people are not charged a premium for Part D. However, as with Part B, you may pay a Part D premium based on your MAGI (see chart below). These Medicare premiums are paid to Social Security and are in addition to any premiums you pay UC for your UC insurance.

MEDICARE PREMIUMS BASED ON INCOME

Though the standard Part B premium for 2026 is $202.90, you may pay more depending on your Modified Adjusted Gross Income (MAGI).

Modified Adjusted Gross Income (MAGI)	Part B monthly Premium* amount/person	Part D monthly Premium* amount/person
Individuals with MAGI of $109,000 or less and married couples with a MAGI of $218,000 or less	Standard premium = $202.90	Included in your plan premium
Individuals with MAGI of above $109,000 up to $137,000 and married couples with MAGI above $218,000 up to $274,000	Standard premium + $81.20	Your initial plan premium** + $14.50
Individuals with MAGI above $137,000 up to $171,000 and married couples with MAGI above $274,000 up to $342,000	Standard premium + $202.90	Your initial plan premium** + $37.50
Individuals with MAGI above $171,000 up to $205,000 and married couples with MAGI above $342,000 up to $410,000	Standard premium + $324.60	Your initial plan premium** + $60.40
Individuals with MAGI above $205,000 up to $500,000 and married couples with MAGI above $410,000 up to $750,000	Standard premium + $446.30	Your initial plan premium** + $83.30
Individuals with MAGI greater than or equal to $500,000 and married couples with MAGI greater than or equal to $750,000	Standard premium + $487.00	Your initial plan premium** + $91.00

* These premium amounts are set by Medicare, not the university.

** For most UC retirees, the Part D plan premium will be $0.

How and When to Enroll in Medicare

You'll most likely become eligible for Medicare when you turn 65, but it could happen earlier as a result of becoming disabled or being diagnosed with end-stage renal disease or amyotrophic lateral sclerosis.

If you are an employee and covered by a UC medical plan, as long as you remain an eligible employee, your coverage in a UC employee medical plan can continue as primary regardless of your age or whether you enroll in Medicare (see Important Note below).

If you or a covered family member are eligible for Medicare when you retire, typically age 65 or older, you must enroll in and assign your Medicare to your UC medical plan by the first day of your retiree health coverage. UC will complete a Verification of Employment form for you to give Social Security as part of your Medicare enrollment.

If you're a retiree under 65 and covered by a UC medical plan, UC will send you a Medicare information packet that includes enrollment instructions three months before your 65th birthday. In general, Medicare and UC require enrollment at age 65. (If your birthday is on the first day of the month, Part A will start the first day of the prior month.)

It's generally to your advantage to follow the guidelines below. These guidelines also apply to any covered family members who become eligible for Medicare.

IF YOU TURN 65 AND YOU'RE STILL WORKING FOR UC

If you're receiving Social Security, Railroad Retirement or Civil Service benefits, you'll be enrolled automatically in Medicare Part A and B. If you want to defer enrollment, contact Social Security or follow the instructions sent with the Medicare card you receive in the mail.

If you are covered by UC medical insurance as an employee, you are usually **not required** to enroll in Medicare when you become eligible. It's important to be aware of some important considerations, though, including rules for your spouse or domestic partner, if you have one, and options for members of HealthSavings+ or Kaiser.

MEDICARE PART A

Even if you're not receiving Social Security or the other benefits mentioned above, you may want to enroll in Medicare Part A, hospital insurance, because there is no

How and When to Enroll in Medicare

premium if you have worked for 10 years and had Social Security taxes deducted. Your UC coverage will remain your primary coverage while employed, and your Medicare Part A may contribute something toward your medical expenses. Contact the Social Security Administration (800-772-1213) to enroll.

MEDICARE PART B

You are not required to enroll in Medicare Part B while you are working if you have employer-sponsored medical coverage. Most employees wait until they retire to enroll because of the cost of Medicare Part B premiums.

To maintain your eligibility for retiree health and welfare coverage from UC, your insurance coverage must continue without a gap from your date of separation to your date of retirement. If you will have a gap of less than 120 days between separation and retirement, be sure to enroll in COBRA, a creditable plan through Covered California, or a spouse or domestic partner's plan(s) during this time.

At retirement, you'll have a special enrollment period to enroll in Medicare and you will not be subject to late enrollment penalties. Be sure to contact Social Security three months prior to your retirement to coordinate your Medicare start date or enroll online at medicare.gov.

RULES FOR SPOUSES AND DOMESTIC PARTNERS COVERED BY YOUR UC PLAN

Medicare has different rules for spouses than for domestic partners. Spouses covered by UC employees can delay enrollment in Medicare Part A and B. However, domestic partners (same-gender and opposite-gender) covered by UC employees need to enroll in Part B at age 65 to avoid potential Medicare penalties. Your domestic partner should contact Social Security three (3) months before turning age 65 to inquire about Part B enrollment options and penalties for deferring enrollment.

Tip
If you're still working and covered by both your employer plan and Medicare, show your employer group health plan ID card when you visit your doctor or hospital to obtain services. Tell your provider to submit claims to your UC plan first and Medicare second. If you don't, there could be mix-ups in processing your claims. If you have questions about your coverage, please contact the UC Retirement Administration Service Center at 800-888-8267.

HEALTHSAVINGS+ ENROLLMENT AND MEDICARE

If you are enrolled or considering enrolling in HealthSavings+, you may want to defer enrollment in Medicare Part A and/or B while you are working because Medicare enrollees cannot contribute to a Health Savings Account.

If you or an enrolled family member enrolls in Medicare, you should contact UCPath to enroll in a different UC medical plan. If your family member enrolls in Medicare, you may be able to continue making contributions for the rest of the plan year, however the amount will be prorated. Contact Health Equity at 866-212-4729 for more information.

KAISER ENROLLMENT AND MEDICARE

Actively employed Kaiser members might want to consider enrollment in Part B at 65. Once you enroll, you can assign your Medicare benefits to Kaiser. In return, Kaiser will enroll you into the "working aged" plan which will waive medical and pharmacy co-payments, and provide chiropractic and enhanced hearing aid coverage and an eyewear allowance not provided in your employee plan. You continue to pay the employee rate for this plan until you become a retiree, in addition to your Medicare Part B monthly premium.

IF YOU'RE OVER AGE 65 AND YOU RETIRE FROM UC

If you are already enrolled in Medicare Part A, notify Medicare as soon as you stop working. Your record will be changed to make Medicare primary for any claims incurred after you retire. If you do not notify Medicare, claims may be processed incorrectly.

If you are not enrolled in Medicare Parts A and B, you can apply up to 90 days before you retire. Call Social Security (800-772-1213) for the office nearest you or enroll online at ssa.gov.

If your 65th birthday occurs around the same time that you retire from UC, talk with Social Security about Medicare's Initial Enrollment Period (IEP) and Special Enrollment Period (SEP) rules. Your local Benefits Office can also review UC's Medicare policy and help you determine which month to contact Social Security to get the Medicare start date you want.

If you are 65 and older when you retire, Social Security may ask you to verify your medical coverage from age 65 to the date of your retirement. Call the UC Retirement Administration Service Center for a

Verification of Employment form.

If you or your family members turn age 65 and are not eligible for premium-free Part A, you'll need to send UC a copy of the denial letter from the Social Security Administration. To get a denial letter, you must apply for Medicare. You may also demonstrate that you are not eligible for premium-free Part A by submitting a Social Security statement documenting that you do not have enough credits to qualify. If your Part A is not premium-free, UC doesn't require you to enroll in Medicare or a Medicare plan.

The employed spouse of a UC retiree has two options:

- Continue coverage under the UC retiree's plan and enroll in Medicare as soon as they are eligible
- Enroll in coverage through their employer and waive UC coverage

UC requires that dependents covered under a retiree's health plan enroll in Medicare when eligible, even if Social Security would allow delayed enrollment.

If you move out of California and all your enrolled family members are in Medicare, you may be eligible to enroll in an individual medical plan through UC's Medicare Coordinator Program, administered by Via Benefits. Your enrollment must be coordinated through UC to receive the UC contribution. (See page 13 for more details.)

IF YOU AND YOUR SPOUSE OR DOMESTIC PARTNER ARE BOTH UC EMPLOYEES

If one of you continues working and the other retires, what happens to your UC insurance and what actions you need to take regarding Medicare vary depending on your circumstances.

If you each have separate UC insurance and you retire: If you are Medicare-eligible, you will enroll in Medicare and assign your Medicare to the Medicare version of your current UC plan. (See page 5 for more information.) If your working spouse/partner is Medicare-eligible, they do not have to enroll in Medicare while employed and they will retain their current UC employee plan. If either person wants to change their plans, they may do so at the next Open Enrollment.

If you are covered under your working spouse/partner's UC insurance and you retire: Whether or not you are eligible for Medicare, you have the option to continue coverage in your current UC employee plan until your working spouse/partner leaves UC employment or stops your coverage during an Open Enrollment. Generally, if you are covered under an employer-sponsored medical plan you may delay enrollment into Medicare. However, domestic partners are encouraged to contact the Social Security Administration before age 65; different rules may apply.

If either person wants to change plans or opt for separate coverage, or if you wish to cover your working spouse/partner after you retire, you may make those changes during the Open Enrollment either prior to or after your retirement. Duplicate coverage under a UC employee and retiree plan is not allowed. Check the plans you are enrolled in before you elect new coverage as a retiree.

IF YOU TURN 65 AND YOU'RE ALREADY RETIRED

Enroll in Medicare. This isn't optional—it's required if you are eligible and you want to continue your UC-sponsored medical coverage. You may also be subject to lifelong Medicare penalties if you don't sign up as soon as you're eligible. UC also assesses penalties for non-enrollment, and you could be permanently de-enrolled from your UC medical coverage. (There are two exceptions; see "If You Live Outside the U.S." for details and see page 5, Step 1 if you are not eligible for premium-free Medicare Part A.)

Assign your Medicare before you turn 65. See page 5 for more information.

KEEP PAYING YOUR MEDICARE PART B OR PART D PREMIUMS

If you stop paying Social Security for your Part B and/or Part D premiums, Medicare notifies the university that you are no longer eligible for the Medicare plan. UC will then move you to a non-Medicare plan, stop any Part B reimbursement and charge you a significant penalty per month while you are not enrolled in Medicare. The premium for the non-Medicare plan is typically higher than the premium for the Medicare plan and your insurance must be continuous. To re-enroll, you may be required to re-assign your Medicare to your UC plan. Your non-Medicare plan will be terminated if you do not re-enroll in Medicare promptly.

How and When to Enroll in Medicare

To re-enroll in Medicare, contact the Social Security Administration by phone 800-772-1213 or online at ssa.gov.

IF YOU ARE OVER 65 AND RETURN TO WORK AT UC

The rules for returning to work at UC after employment are complicated. For full details, please review the "Returning to UC Employment After Retirement" fact sheet, available at ucal.us/returntowork.

If you become eligible for UC employee medical coverage because of your rehired appointment, federal law requires that Medicare no longer be your primary coverage. That means you'll have to suspend your retiree medical plan and enroll in an employee plan. Medicare would then become your secondary coverage. Your other option is to suspend both UC-sponsored retiree and employee medical coverage and have coverage by Original Medicare Parts A and B only, and purchase a standalone Part D plan.

If you enroll in an employee plan, your premium will be deducted from your employee earnings and, in most cases, your premium will increase. If you are receiving any Medicare Part B reimbursement from your UC retiree plan, it will stop. You also need to complete a *Medicare Advantage or Prescription Drug Plan Disenrollment Form* (UBEN 101) to stop assignment of Medicare to your UC retiree plan. While you are covered as an employee, be sure to show your employee medical plan ID card (not your Medicare card) to your doctor for correct claims payment.

You may also cancel your Medicare Part B enrollment through Social Security while you are working, if you are eligible for employee medical coverage as a result of returning to work at UC.

RE-RETIREMENT

Be sure to re-enroll in Medicare and unsuspend your UC retiree insurance immediately when you end employment, to avoid penalties and comply with UC requirements. Unlike your first UC retirement, your location does not provide an extra month of coverage when you re-retire.

If you earned service credit, you may become newly-eligible for UC's health and welfare retiree plan benefits or the percentage of premium you pay may be reduced as a result of your return to UC employment. Please contact your local Benefits Office or the UC Retirement Administration Service Center for a review when you re-retire in either situation.

IF YOU ARE RETIRED FROM UC, ELIGIBLE FOR MEDICARE AND EMPLOYED OUTSIDE OF UC

If you or any covered family member accepts employment outside of UC after your retirement, you have a couple of options. If your new employer offers creditable employee medical coverage for you or any of your Medicare-eligible covered family members, you can suspend your UC medical coverage during your non-UC employment or remove the family member who is working. You may return to UC coverage with proof from your prior plan should you (or your family member) involuntarily lose other coverage or during any Open Enrollment.

If you do not suspend your plan or remove the working family member from UC medical coverage, UC requires you (and/or your family member) to enroll in Medicare Parts A and B and assign your Medicare to your UC Medicare plan when eligible.

IF YOU LIVE OUTSIDE THE U.S.

Medicare doesn't cover health services outside the U.S. UC waives the requirement that you enroll in Parts A, B and D if you permanently live outside the country and have a foreign address listed as your home address with UC. If you're eligible for premium-free Part A when you return to the U.S., you'll be required to enroll in Part B and change your address with UC at that time. Be aware that Medicare may charge you a permanently higher premium if you enroll or re-enroll past age 65.

How and When to Enroll in Medicare

IF YOU ARE ELIGIBLE FOR MEDICARE THROUGH YOUR SPOUSE'S WORK RECORD

If you are covered by a UC retiree plan when you turn 65 and you did not contribute to Social Security but were married at least 10 years, you may become eligible for premium-free Medicare Part A when your current spouse or ex-spouse turns age 62. (This also includes a deceased spouse.) If you think you may be eligible, contact Social Security to enroll in Part A and B and assign your Medicare to your UC medical plan.

If you turn 65 before your spouse turns 62, Social Security may charge you the full or pro-rated Part A premium until you are eligible under your spouse at 62. The 2026 cost for Part A is $565 per month. If you become eligible for Medicare through your spouse and do not enroll, Medicare may charge you a 10 percent penalty for each full 12 month period you could have had coverage and did not; and 1 percent penalty for each full month over 63 days that you could have had prescription drug coverage and did not. Call Social Security to avoid paying a lifetime Late Enrollment Penalty. In addition, UC will charge a substantial penalty for non-compliance if you do not enroll and assign your Medicare when eligible either under your own work record or that of your current, ex or deceased spouse.

UC Medical Plans for Medicare Enrollees

UC-sponsored medical plans offer separate plans for Medicare enrollees. The Medicare version may have different benefits, service areas, behavioral health providers and doctors than the non-Medicare version. The Medicare plans that correspond with UC-sponsored non-Medicare plans are listed below. You will be enrolled in the Medicare plan upon assignment of your Medicare to the plan and after Medicare approves your enrollment:

Non-Medicare	Medicare
UC Blue & Gold HMO	UC Medicare Choice
Kaiser HMO	Kaiser Permanente Senior Advantage
UC Care	UC Medicare PPO
HealthSavings+	Not available*
Not available	UC Medicare PPO without Prescription Drugs**
Not available	UC High Option Supplement to Medicare**

* You may select any Medicare plan for which you are eligible when you age into Medicare. Be sure to check the plan's service area.

** These plans can be selected during Open Enrollment or if you have a qualifying event that allows you to enroll in any plan. All enrolled members must be in Medicare.

YOU MUST GET YOUR CARE FROM MEDICARE PROVIDERS

Refer to the "Which Medicare Plan is Right for You" for specific plan benefits and cost information. https://ucal.us/medicarecompare

To receive plan benefits under any UC-sponsored Medicare plan, you must use a provider who participates in Medicare. If your doctor does not take Medicare patients or will only treat you under a "private contract" directly with you, neither Medicare nor your UC-sponsored medical plan will cover the services. The year before you turn 65, ask if your doctor accepts patients with Medicare, check the carrier website or check Medicare's website (medicare.gov). If your doctor takes only non-Medicare patients, you may need to select a new doctor during the Open Enrollment period before you turn 65. (See "Changing Plans," for more information.)

UC Medical Plans for Medicare Enrollees

WHAT HAPPENS TO BEHAVIORAL HEALTH BENEFITS

When you enroll in Medicare and transfer to a UC Medicare-coordinated plan, your behavioral health benefits may change. Your provider network may be different and you may need to obtain new authorizations or referrals to new providers. If you are receiving behavioral health benefits when your Medicare coverage becomes active, get in touch with your medical plan before you turn 65 to find out the specifics of how your benefits will change and what you need to do. If you don't switch to a Medicare doctor, you may have to pay the charges yourself.

CHANGING PLANS

Generally, becoming eligible for Medicare alone will not create a period of initial eligibility (PIE) that would allow you to change plans. You can change plans only during Open Enrollment (or if you have another qualifying event, such as moving out of the plan's service area or marriage).

There are some exceptions:

- If you're enrolled in HealthSavings+, you'll need to select a new plan when you become eligible for Medicare since this plan does not have a Medicare version.

Tip
If you or a family member is enrolled in Medicare, you must assign your Medicare benefits to your UC retiree medical plan (by completing the appropriate form) in the following situations:

- At the time you turn 65
- If you change medical plans during Open Enrollment
- When you return to the US after living abroad
- When you are no longer incarcerated
- When you return to retiree medical coverage after working at UC more than 43 percent time
- If you return to a Medicare plan after a period of enrollment in a non-Medicare plan
- Those in UC Care will be enrolled in UC Medicare PPO upon receipt of the Part D form and approval from Medicare.
- If the Medicare version of your plan isn't available where you live, then you and your family may enroll in any UC-sponsored Medicare plan available in your area.

If you're enrolled in the UC High Option Supplement to Medicare or the UC Medicare PPO without Prescription Drugs plan and you add a non-Medicare family member, you'll need to select a new plan. All covered family members must be in Medicare in order to enroll in these two plans.

HOW UC MEDICAL PLANS WORK WITH MEDICARE

KAISER SENIOR ADVANTAGE, UC MEDICARE CHOICE

Medicare pays a flat fee to these plans each month, and the Medicare Advantage plan agrees to assume full responsibility for your care.

For Kaiser, assign your Medicare through UCRAYS or complete the *Medicare Advantage Universal Enrollment/ Election Form for Kaiser Senior Advantage* (UBEN 127). For United Healthcare, assign your Medicare through UCRAYS or complete the *UC Medicare Choice* form (UBEN 121). Forms are available on UCnet and must be completed and mailed or faxed to UC before your Medicare coverage will be effective.

If you are enrolled in the Kaiser Senior Advantage Plan and move to the other (northern or southern) region, you will need to complete a new assignment form (UBEN 127).

UC MEDICARE PPO, UC HIGH OPTION SUPPLEMENT TO MEDICARE AND UC MEDICARE PPO WITHOUT PRESCRIPTION DRUGS

When you receive services, claims are submitted to Medicare, the primary payer, which coordinates benefits with your UC plan. With these plans, you may see any Medicare provider. If your Medicare provider "accepts assignment," they will accept the Medicare-approved rate for services.

If your provider does not accept Medicare assignment, they can bill you for the amount over the Medicare allowable rate. This is called "balance billing."

UC Medical Plans for Medicare Enrollees

You do not assign your Medicare Part A and B benefits to these plans, but you do assign your Part D prescription drug coverage, if your plan offers prescription drug coverage. Send the *Blue Cross MedicareRx (PDP) with Senior Rx Plus Enrollment Form for UC Medicare PPO or UC High Option Supplement to Medicare* (UBEN 123) directly to UC; the address is on the form.

Note: UC Medicare PPO without Prescription Drugs is available only to retirees with Medicare who have a standalone creditable Part D prescription drug plan through a non-UC insurance company. Proof may be requested (see page 5 regarding proof requirements).

IF YOU ARE A SAVINGS CHOICE MEMBER

Savings Choice members who accumulate 10 years of retiree health service credit may be eligible for health and welfare coverage in retirement.

IF YOU LIVE OUTSIDE CALIFORNIA

For UC retirees who live outside California and whose covered family members are all eligible for Medicare, UC provides a Medicare Coordinator Program administered by Via Benefits. This program offers:

- Choice: a large selection of local plans, including Kaiser, where available
- Value: plans to fit every budget
- Flexibility: each family member can choose a separate plan to meet their needs
- Personalized support from Via Benefits

UC will provide an annual contribution under an HRA—health reimbursement arrangement—to help you pay for the Medicare plan you choose. Depending on your choice, there could be funds left in the HRA to cover additional out-of-pocket costs and Part B premiums. This process means you pay for your eligible expenses first and then get reimbursed; some recurring costs such as your monthly plan premium can be automated. Claims will be reimbursed based on what Medicare allows and the type of plan you selected. If you are covering family members, such as a spouse or domestic partner, UC will contribute to an additional HRA for them also.

Via Benefits Medical Plans for Medicare Enrollees

IF YOU'RE RETIRING, 65 OR OVER, AND MOVING

Notify UC as soon as you have a new address. If you plan to move outside of California at retirement and are Medicare-eligible, you must change your home address and submit a *Retiree Continuation, Enrollment or Change* form (UBEN 100) to start your enrollment into Via Benefits. Doing so will ensure the HRA amount is sent to Via Benefits within two months from when you notify UC. This is the time allotted by Medicare for you to enroll in a new medical plan.

For example, if you are eligible for the Medicare Coordinator Program, you submitted the UBEN 100 form early in May and you retire July 1, your UC coverage would end on July 31 and your Via Benefits coverage would begin on August 1 (as long as your enrollment through Via Benefits was completed and approved by your chosen carrier).

Contact the UC Retirement Administration Service Center at least one month prior to your retirement date if you submitted a UBEN 100 form with your new home address and believe you are eligible, but you have not received an enrollment packet from Via Benefits.

BEFORE YOU TURN 65

If you and your covered family member(s) have a home address outside California and are currently age 64, Via Benefits will be reaching out by mail to inform you of your future medical plan choices when you turn 65. Through their licensed benefits counselors, you will receive personalized and unbiased guidance to help you choose and enroll in a Medicare plan that meets your personal health care needs and budget. The outreach will begin one calendar year before your 65th birthday. You will be enrolled in the month you turn 65, and your UC group medical coverage will end on the last day of the prior month.

Please contact the UC Retirement Administration Service Center if you have questions about your eligiblity for the Medicare Coordinator Program.

Via Benefits Medical Plans for Medicare Enrollees

WHAT YOU CAN EXPECT

When you turn 64, you will receive:

- Quarterly letter(s) preparing you for enrollment with Via Benefits
- A Via Benefits Enrollment Guide with information on what to expect
- Phone calls from Via Benefit representatives to ensure you have both Parts A and B in place prior to your 65th birthday, and answer any questions you may have
- A Funding Packet about your HRA, once you've selected a medical plan

WHAT YOU NEED TO DO

- Make sure your home address and contact information is current. You can make corrections using UCRAYS; see https://ucal.us/retireehelp for instructions.
- Enroll in Medicare, if you qualify, as soon as you are eligible. If you do not qualify, you may be eligible under a former, current or deceased spouse. See pages 5, 7 and/or call Social Security for more information.
- Read all mailings from UC and Via Benefits immediately to enroll within the two-month move time period allotted by Medicare. Missing your Medicare Special Enrollment Period may leave you with Original Medicare Part A and B (no D) coverage only.
- See the Medicare Coordinator Program page on UCnet (https://ucal.us/medicarecoordinator) for additional information.

If you want to learn more about Via Benefits, please call 855-359-7381 (TTY: 711) and identify yourself as a UC member or visit https://my.viabenefits.com/uc.

FOR MORE INFORMATION

Use these resources to get more information about Medicare:

- UC Evidence of Coverage (EOC) Medicare plan booklets available at https://ucnet.universityofcalifornia.edu
- *Medicare & You* handbook available at www.medicare.gov
- Health Insurance Counseling and Advocacy Program (HICAP) 800-434-0222
- Extra Help (low income subsidy) available at www.ssa.gov/medicare/prescriptionhelp
- *Medicare Income-Related Monthly Adjustment Amount—Life-Changing Event* (Form SSA-44) available at www.socialsecurity.gov/forms/ssa-44.pdf

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