

Which Medicare plan is right for you?

UNIVERSITY
OF
CALIFORNIA

2024 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 and Navitus is the pharmacy benefit manager of the UC Medicare PPO, UC High Option Supplement to Medicare, and UC Medicare PPO without Prescription Drugs plans. 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.

Medical Benefits Summary: 2024

(for members with Medicare)

PLAN	ACCESS	COSTS	
	Routine Medical Care	Doctor Visit	Hospitalization
Kaiser Permanente Senior Advantage 1-800-443-0815	Kaiser plan providers and facilities	You pay \$20 copay; Medicare and plan pay the rest.	
UC High Option Supplement to Medicare¹ 1-844-437-0486	Any provider that accepts Medicare	<ul style="list-style-type: none"> Plan covers Medicare Part B deductible Medicare pays 80% of Medicare allowable Plan generally pays remaining 20% 	Example: Medicare allowable: ¹ \$150 Medicare pays: \$120 Plan pays: \$30 You pay: \$0
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 \$20 copay; Medicare and plan pay the rest.	
UC Medicare PPO¹ 1-844-437-0486	Any provider that accepts Medicare	<ul style="list-style-type: none"> 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 \$150 Medicare pays: \$120 Plan pays 80% of balance: \$24 You pay: \$6
UC Medicare PPO without Prescription Drugs^{1,2} 1-844-437-0486	Any provider that accepts Medicare	<ul style="list-style-type: none"> 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 \$150 Medicare pays: \$120 Plan pays 80% of balance: \$24 You pay: \$6

You pay \$250 copay per admittance. Medicare and plan pay the rest.

First 60 days:

- Plan covers Medicare Part A deductible
- Medicare pays the balance

Days 61–90:

- Medicare pays all but \$400 per day
- Plan pays \$400 per day
- You pay nothing

Days 91 and beyond⁴:

- Plan pays 80% of eligible expenses
- You pay 20% of eligible expenses

You pay \$250 copay per admittance. Medicare and plan pay the rest.

First 60 days:

- Plan covers Medicare Part A deductible
- Medicare pays the balance

Days 61–90:

- Medicare pays all but \$400 per day
- Plan pays 80% of \$400 per day
- You pay 20% (\$80.00) of \$400 per day

Days 91 and beyond⁴:

- Plan pays 80% of eligible expenses
- You pay 20% of eligible expenses

First 60 days:

- Plan covers Medicare Part A deductible
- Medicare pays the balance

Days 61–90:

- Medicare pays all but \$400 per day
- Plan pays 80% of \$400 per day
- You pay 20% (\$80.00) of \$400 per day

Days 91 and beyond⁴:

- Plan pays 80% of eligible expenses
- You pay 20% of eligible expenses

Medical Benefits Summary: 2024

(for members with Medicare)

PLAN	COSTS				
	Emergency	Lab Work	Prescription Drug Copay	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	<ul style="list-style-type: none"> You pay \$65 copay (waived if admitted) Medicare and plan pay the rest. 	No charge	Generic/Brand Retail (up to 30-day supply): \$5/\$25; 31–60-day supply: \$10/\$50; 61–100-day supply: \$15/\$75; Mail Order: Refills can be arranged up to 30-day supply: \$5/\$25; 31–100-day supply: \$10/\$50	\$8,000 ¹² per member	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 Medicare¹ 1-844-437-0486	<ul style="list-style-type: none"> You pay nothing Medicare and plan pay 100% 	<ul style="list-style-type: none"> You pay nothing for Medicare-approved services Medicare pays 100% 	Tier 1/Tier 2/Tier 3/Tier 4^{5,6} Retail (30-day supply): \$10/\$30/\$45/\$30 Mail Order (90-day supply): \$20/\$60/\$90/NA	\$1,000 drug plan maximum out-of-pocket per member \$8,000 true out-of-pocket limit per member ^{7,12} Extra covered drugs only count toward the out-of-pocket maximum.	You pay 20% of billed charges after deductible of \$50 per person.
UC Medicare Choice 1-866-887-9533	<ul style="list-style-type: none"> You pay \$65 copay (waived if admitted) Medicare and plan pay the rest. 	No charge	Generic/Brand/Non-Formulary Retail (up to 30-day supply): \$5/\$25/\$40; Mail Order (31–90-day supply): \$10/\$50/\$80; Specialty drugs (up to 30-day supply): \$25 (31–90-day supply): \$50	\$2,000 drug plan maximum out-of-pocket per member \$8,000 ¹² true out-of-pocket limit per member ⁷	Emergencies, urgent care, and routine care covered at same copay as within U.S.
UC Medicare PPO¹ 1-844-437-0486	<ul style="list-style-type: none"> Medicare pays 80% Then plan pays 80% of the eligible balance You pay amount remaining 	<ul style="list-style-type: none"> You pay nothing for Medicare-approved services Medicare pays 100% Diagnostic Services and X-ray have a 20% member responsibility 	Tier 1/Tier 2/Tier 3/Tier 4^{5,6} Retail (30-day supply): \$10/\$30/\$45/\$30 Mail Order (90-day supply): \$20/\$60/\$90/NA	\$8,000 ¹² per member 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	<ul style="list-style-type: none"> Medicare pays 80% Then plan pays 80% of the eligible balance You pay amount remaining 	<ul style="list-style-type: none"> 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: 2024

(for members with Medicare)

PLAN	COSTS			
	Wellness Visit	Durable Medical Equipment	Vision Exams	Hearing Exams/Hearing Aids
Kaiser Permanente Senior Advantage 1-800-443-0815	No charge ⁹	No charge	\$20 (no charge for one Medicare-covered glaucoma screening per year)	Exam: \$20 Aids: Standard hearing aids every 36 months, \$2,500 maximum per ear (medically necessary)
UC High Option Supplement to Medicare¹ 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
UC Medicare Choice 1-866-887-9533	No charge ⁹	No charge	\$0 copay, 1 routine eye exam every 12 months (\$20 copay for exam to diagnose and treat diseases and conditions of the eye)	Exam: \$20 Aids: Standard hearing aids (analog or digital) every 3 years at no charge (maximum \$2,000 combined ear allowance)
UC Medicare PPO¹ 1-844-437-0486	No charge (deductible waived) ⁹	<ul style="list-style-type: none"> • 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
UC Medicare PPO without Prescription Drugs^{1,2} 1-844-437-0486	No charge (deductible waived) ⁹	<ul style="list-style-type: none"> • 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

Medical Benefits Summary: 2024

(for members with Medicare)

PLAN	COSTS			
	Chiropractor	Acupuncture	Mental Health Inpatient	Mental Health Outpatient
Kaiser Permanente Senior Advantage 1-800-443-0815	\$20 (manual manipulation as covered by Medicare only); covered as medically necessary when approved by a plan provider	\$20; covered as medically necessary when approved by a plan provider	\$250 copay per admittance; no charge for intensive outpatient and partial hospitalization	\$20 for individual visit \$10 for group visit
UC High Option Supplement to Medicare¹ 1-844-437-0486	<ul style="list-style-type: none"> 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 <i>Medicare and You</i> 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.
UC Medicare Choice 1-866-887-9533	\$20 (24 visit limit/plan year)	\$20 (24-visit limit per plan year)	\$250 copay per admittance; \$20 per day for intensive outpatient care and partial hospitalization	\$20 (group or individual visit)
UC Medicare PPO¹ 1-844-437-0486	<ul style="list-style-type: none"> 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 <i>Medicare and You</i> handbook on medicare.gov for more details.	For services covered by Medicare: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.
UC Medicare PPO without Prescription Drugs^{1,2} 1-844-437-0486	<ul style="list-style-type: none"> 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 <i>Medicare and You</i> handbook on medicare.gov for more details.	For services covered by Medicare: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.

Medical Benefits Summary: 2024

(for members with Medicare)

PLAN	COSTS			
	Substance Abuse Inpatient	Substance Abuse Outpatient	Calendar Year Deductible	Annual Out-of-Pocket Maximum—Medical Benefits ¹¹
Kaiser Permanente Senior Advantage 1-800-443-0815	\$250 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.	\$20 for individual visit \$5 for group visit	\$0	\$1,500 per member per year
UC High Option Supplement to Medicare¹ 1-844-437-0486	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	\$250 copay per admittance; \$20 per day for intensive outpatient care and partial hospitalization.	\$20 (group or individual visit)	\$0	\$1,500 per member per year
UC Medicare PPO¹ 1-844-437-0486	For services covered by Medicare: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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	For services covered by Medicare: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 A member may reach the \$8,000 True Out-of-Pocket (TrOOP) before the drug plan maximum out-of-pocket if they qualify for the coverage gap discount program. Once the OOP maximum is reached, the plan will pay 100% of the cost of covered drugs for the remainder 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](https://www.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 Medicare participants who reach the catastrophic phase (\$8,000 in drug costs) will no longer be responsible for any Medicare Part D out-of-pocket costs.

By authority of the Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC’s contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California’s annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact their Human Resources Office, and retirees should call the UC Retirement Administration Service Center (800-888-8267).

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University’s affirmative action and equal opportunity policies for staff to Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 5th Floor, CA 94607, and for faculty to the Office of Academic Personnel and Programs, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.