

UCnet: Retiree Medical Plan Costs (2016)

The monthly costs for medical coverage below apply to retirees eligible for 100 percent of the UC/employer contribution toward the premium for each plan. **If you are subject to graduated eligibility and, therefore, not eligible for the maximum UC/employer contribution, your costs may be higher than those listed below.** Your plan cost appears as a deduction on your UCRP benefit direct deposit statement.

When all family members are in Medicare

Plan		Self in Medicare	Self + Adult or Self + Child(ren) Both in Medicare	Self + Adult + Child(ren) All in Medicare	
Blue Shield Medicare PPO	Your Premium	\$25.27	\$50.54	\$75.81	+ 100%
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00	
Blue Shield Medicare PPO without Prescription Drugs	Your Premium	\$0.00	\$0.00	\$0.00	Same
	Medicare Part B Reimbursement	\$104.90	\$209.80	\$314.70	
Health Net Seniority Plus	Your Premium	\$38.09	\$76.18	\$114.27	+ 100%
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00	
High Option Supplement to Medicare	Your Premium	\$139.44	\$278.88	\$418.32	+ 35%
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00	
Kaiser Permanente Senior Advantage	Your Premium	\$0.00	\$0.00	\$0.00	- 10%
	Medicare Part B Reimbursement	\$89.19	\$178.38	\$267.57	

Medicare Part B reimbursement may apply if your premium cost is \$0.00. Part B reimbursement is based on a Medicare Part B premium of \$104.90 per person. Reimbursements vary and are added automatically to your monthly retirement payment.

When one or more family members are not Medicare eligible

Plan		Self + Adult 1 Adult in Medicare	Self + Child(ren) Adult in Medicare	Self + Adult + Child(ren) 1 Adult in Medicare	Self + Adult + Child(ren) 2 Adults in Medicare	
Core/Blue Shield Medicare PPO	Your Premium	\$0.00	\$0.00	\$0.00	\$0.00	Same
	Medicare Part B Reimbursement	\$104.90	\$104.90	\$104.90	\$133.39	

- 33%

Health Net Blue & Gold/ Seniority Plus	Your Premium	\$303.59	\$201.93	\$467.42 + 5%	\$240.01
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente/ Senior Advantage	Your Premium	\$84.21	\$7.66	\$181.06	\$0.00
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00	\$81.53
UC Care/Blue Shield Medicare PPO	Your Premium	\$379.97	\$253.98	\$608.67	\$279.24
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00	\$0.00

10% 5% 25%

+ 20%

87% 12% 8% 18%

Medicare Part B reimbursement may apply if your premium cost is \$0.00. Part B reimbursement is based on a Medicare Part B premium of \$104.90 per person. Reimbursements vary and are added automatically to your monthly retirement payment.

Non-Medicare Plans

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Blue Shield Health Savings Plan (closed to new retiree enrollment)	\$158.99	\$286.17	\$374.08	\$501.28
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold	\$204.80	\$368.64	\$470.30	\$634.13
Kaiser Permanente — California	\$121.07	\$217.92	\$294.47	\$391.32
UC Care	\$285.88	\$514.59	\$640.58	\$869.28
Western Health Advantage	\$112.02	\$201.64	\$275.47	\$365.08

Non-Medicare Plans Age 65 and over, NOT Medicare eligible

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Blue Shield Health Savings Plan (closed to new retiree enrollment)	\$51.83	\$93.29	\$116.86	\$158.31
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold	\$69.89	\$125.80	\$208.35	\$264.25
Kaiser Permanente — California	\$51.83	\$93.29	\$116.86	\$158.31
UC Care	\$150.97	\$271.75	\$378.63	\$499.40
Western Health Advantage	\$51.83	\$93.29	\$116.86	\$158.31

UCnet: Retiree Medical Plan Costs

The monthly costs for medical coverage below apply to retirees eligible for 100 percent of the UC/employer contribution toward the premium for each plan. **If you are subject to graduated eligibility and, therefore, not eligible for the maximum UC/employer contribution, your costs may be higher than those listed below.** Your plan cost appears as a deduction on your UCRP benefit direct deposit statement.

When all family members are in Medicare

Plan		Self in Medicare	Self + Adult or Self + Child(ren) Both in Medicare	Self + Adult + Child(ren) All in Medicare
Blue Shield Medicare PPO	Your Premium	\$11.99	\$23.98	\$35.97
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00
Blue Shield Medicare PPO without Prescription Drugs	Your Premium	\$0.00	\$0.00	\$0.00
	Medicare Part B Reimbursement	\$104.90	\$209.80	\$314.70
Health Net Seniority Plus	Your Premium	\$18.11	\$36.22	\$54.33
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00
High Option Supplement to Medicare	Your Premium	\$105.95	\$211.90	\$317.85
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00
Kaiser Permanente Senior Advantage	Your Premium	\$0.00	\$0.00	\$0.00
	Medicare Part B Reimbursement	\$91.99	\$183.98	\$275.97

Medicare Part B reimbursement may apply if your premium cost is \$0.00. Part B reimbursement is based on a Medicare Part B premium of \$104.90 per person. Reimbursements vary and are added automatically to your monthly retirement payment.

When one or more family members are not Medicare eligible

Plan		Self + Adult 1 Adult in Medicare	Self + Child(ren) Adult in Medicare	Self + Adult + Child(ren) 1 Adult in Medicare	Self + Adult + Child(ren) 2 Adults in Medicare
Core/Blue Shield Medicare PPO	Your Premium	\$0.00	\$0.00	\$0.00	\$0.00
	Medicare Part B Reimbursement	\$104.90	\$104.90	\$104.90	\$209.80

Health Net Blue & Gold/ Seniority Plus	Your Premium	\$281.80	\$180.17	\$448.34	\$193.82
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente Senior Advantage	Your Premium	\$69.90	\$0.00	\$154.73	\$0.00
	Medicare Part B Reimbursement	\$0.00	\$6.57	\$0.00	\$98.57
UC Care/Blue Shield Medicare PPO	Your Premium	\$348.05	\$227.90	\$563.96	\$239.89
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00	\$0.00

448.34
367.61
80.73

Medicare Part B reimbursement may apply if your premium cost is \$0.00. Part B reimbursement is based on a Medicare Part B premium of \$104.90 per person. Reimbursements vary and are added automatically to your monthly retirement payment.

Non-Medicare Plans

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Blue Shield Health Savings Plan (closed to new retiree enrollment)	\$117.51	\$211.52	\$285.95	\$379.95
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold	\$208.16	\$374.69	\$476.32	\$642.86
Kaiser Permanente — California	\$108.69	\$193.52	\$263.40	\$348.81
UC Care	\$269.88	\$485.79	\$605.94	\$821.85
Western Health Advantage	\$127.88	\$228.39	\$303.76	\$404.27

Non-Medicare Plans Age 65 and over, NOT Medicare eligible

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Blue Shield Health Savings Plan (closed to new retiree enrollment)	\$49.83	\$89.69	\$112.48	\$152.33
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold	\$71.24	\$128.23	\$210.32	\$267.32
Kaiser Permanente — California	\$49.83	\$89.69	\$112.48	\$152.33
UC Care	\$132.96	\$239.33	\$339.94	\$446.31
Western Health Advantage	\$49.83	\$89.69	\$112.48	\$152.33

UCnet: Employee Medical Plan Costs (2016)

Your medical plan monthly cost depends on the plan and the coverage you choose, as well as your Medical Contribution Base (MCB). Your MCB is based on your full-time salary rate as of Jan. 1, 2015, excluding any pay increases you may have received later during 2015. Medical plan rates are tiered (based on your MCB) so that the cost you pay for medical insurance is somewhat proportional to your pay rate. Your MCB will not change during 2016, even if your salary changes.

Choose the appropriate salary tier below to see the monthly amount that will be deducted from your paycheck in 2016:

- \$51,000 and under
- \$51,001–\$102,000
- \$102,001–\$153,000
- \$153,001 and above

Medical plan costs — \$51,000 and under

Plan		Self	Self + Child(ren)	Self + Adult	Family
Blue Shield Health Savings Plan	Employee Cost	\$15.78	\$28.40	\$34.56	\$47.17
	UC Contribution	\$609.00	\$1,096.19	\$1,277.46	\$1,764.68
Health Net Blue & Gold	Employee Cost	\$33.84	\$60.91	\$126.05	\$153.11
	UC Contribution	\$636.75	\$1,146.15	\$1,282.19	\$1,791.59
Kaiser Permanente	Employee Cost	\$15.78	\$28.40	\$34.56	\$47.17
	UC Contribution	\$571.08	\$1,027.94	\$1,197.85	\$1,654.72
UC Care	Employee Cost	\$114.92	\$206.86	\$296.33	\$388.26
	UC Contribution	\$636.75	\$1,146.15	\$1,282.19	\$1,791.59
Western Health Advantage	Employee Cost	\$15.78	\$28.40	\$34.56	\$47.17
	UC Contribution	\$562.03	\$1,011.66	\$1,178.85	\$1,628.48
Core	Employee Cost	\$0.00	\$0.00	\$0.00	\$0.00
	UC Contribution	\$235.87	\$424.57	\$495.33	\$684.02

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.

Medical plan costs — \$51,001–\$102,000

Plan		Self	Self + Child(ren)	Self + Adult	Family
Blue Shield Health Savings Plan	Employee Cost	\$51.83	\$93.29	\$116.86	\$158.31
	UC Contribution	\$572.95	\$1,031.30	\$1,195.16	\$1,653.54

Health Net Blue & Gold	Employee Cost	\$69.89	\$125.80	\$208.35	\$264.25
	UC Contribution	\$600.70	\$1,081.26	\$1,199.89	\$1,680.45
Kaiser Permanente	Employee Cost	\$51.83	\$93.29	\$116.86	\$158.31
	UC Contribution	\$535.03	\$963.05	\$1,115.55	\$1,543.58
UC Care	Employee Cost	\$150.97	\$271.75	\$378.63	\$499.40
	UC Contribution	\$600.70	\$1,081.26	\$1,199.89	\$1,680.45
Western Health Advantage	Employee Cost	\$51.83	\$93.29	\$116.86	\$158.31
	UC Contribution	\$525.98	\$946.77	\$1,096.55	\$1,517.34
Core	Employee Cost	\$0.00	\$0.00	\$0.00	\$0.00
	UC Contribution	\$235.87	\$424.57	\$495.33	\$684.02

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.

Medical plan costs — \$102,001–\$153,000

Plan		Self	Self + Child(ren)	Self + Adult	Family
Blue Shield Health Savings Plan	Employee Cost	\$88.83	\$159.89	\$190.62	\$261.67
	UC Contribution	\$535.95	\$964.70	\$1,121.40	\$1,550.18
Health Net Blue & Gold	Employee Cost	\$106.89	\$192.40	\$282.11	\$367.61
	UC Contribution	\$563.70	\$1,014.66	\$1,126.13	\$1,577.09
Kaiser Permanente	Employee Cost	\$88.83	\$159.89	\$190.62	\$261.67
	UC Contribution	\$498.03	\$896.45	\$1,041.79	\$1,440.22
UC Care	Employee Cost	\$187.97	\$338.35	\$452.39	\$602.76
	UC Contribution	\$563.70	\$1,014.66	\$1,126.13	\$1,577.09
Western Health Advantage	Employee Cost	\$88.83	\$159.89	\$190.62	\$261.67
	UC Contribution	\$488.98	\$880.17	\$1,022.79	\$1,413.98
Core	Employee Cost	\$0.00	\$0.00	\$0.00	\$0.00
	UC Contribution	\$235.87	\$424.57	\$495.33	\$684.02

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.

Medical plan costs — \$153,001 and above

Plan		Self	Self + Child(ren)	Self + Adult	Family
Blue Shield Health Savings Plan	Employee Cost	\$127.14	\$228.85	\$267.04	\$368.74

	UC Contribution	\$497.64	\$895.74	\$1,044.98	\$1,443.11
Health Net Blue & Gold	Employee Cost	\$145.20	\$261.36	\$358.53	\$474.68
	UC Contribution	\$525.39	\$945.70	\$1,049.71	\$1,470.02
Kaiser Permanente	Employee Cost	\$127.14	\$228.85	\$267.04	\$368.74
	UC Contribution	\$459.72	\$827.49	\$965.37	\$1,333.15
UC Care	Employee Cost	\$226.28	\$407.31	\$528.81	\$709.83
	UC Contribution	\$525.39	\$945.70	\$1,049.71	\$1,470.02
Western Health Advantage	Employee Cost	\$127.14	\$228.85	\$267.04	\$368.74
	UC Contribution	\$450.67	\$811.21	\$946.37	\$1,306.91
Core	Employee Cost	\$0.00	\$0.00	\$0.00	\$0.00
	UC Contribution	\$235.87	\$424.57	\$495.33	\$684.02

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.

UCnet: Health Net Blue & Gold

Health Net Blue & Gold is an HMO (Health Maintenance Organization) with a custom network of providers created exclusively for UC. The Blue & Gold network includes:

- Providers in 30 California counties
- All UC Medical Centers and medical groups
- 10 of the top 20 medical groups serving Health Net full HMO members

How the plan works

- You choose a primary care physician (PCP) who coordinates your care and refers you to specialists within your designated medical group.
- You pay a copayment for prescription drugs and some services.
- The plan covers the cost of services only if your medical group authorizes them.
- Health Net Blue & Gold provides coverage for services outside of your medical group only in cases of emergency.
- In-network behavioral health benefits are provided by Optum.
- Over-the-counter nicotine replacement therapies covered at generic copay and prescription nicotine replacement therapies covered at no cost when provider prescribes

MORE INFORMATION

Health Net website

Doctor directory

Health Net Blue & Gold
Summary of Benefits and
Coverage [PDF](#)

Health Net Blue & Gold Plan
Booklet [PDF](#)

Behavioral Health Booklet for
Health Net Blue & Gold, Kaiser
& WHA [PDF](#)

Continuity of Care

Split or Mixed Medicare
Families

Best fit for you if:

- You want low, predictable out-of-pocket costs
- You like having one doctor manage your care
- You are happy with the selection of providers

Monthly plan costs

Click for retiree plan costs chart

Pay Band (per annum)		Self	Self + Child (gen)	Self + Adult	Family
\$51,000 and under	Employee Cost	3384 \$35.19	60.89 \$63.34	126.05 \$128.02	163.11 \$156.18
	UC Contribution	636.76 \$626.90	1146.15 \$1,128.42	1282.19 \$1,262.36	1791.53 \$1,763.88
\$51,001-\$101,000	Employee Cost	\$71.24	\$128.23	\$210.32	\$267.32
	UC Contribution	\$590.85	\$1,063.53	\$1,180.06	\$1,652.74
\$101,001-\$152,000	Employee Cost	106.89 \$108.24	192.40 \$194.83	282.11 \$284.08	362.61 \$370.68
	UC Contribution	543.70 \$553.85	1014.66 \$996.93	1126.13 \$1,106.30	1577.09 \$1,549.38
\$152,001 and above	Employee Cost	\$146.55	\$263.79	\$360.50	\$477.75
	UC Contribution	\$515.54	\$927.97	\$1,029.88	\$1,442.31

Rates for union-represented employees are subject to ongoing collective bargaining as

appropriate.

Typical out-of-pocket costs

- Office visit/urgent care visit: \$20 (preventive care has no charge)
- Emergency room: \$75
- Hospital stay: \$250
- Prescription drugs: \$5, generic; \$25, brand name; \$40, non-formulary

UCnet: Blue Shield Health Savings Plan

The Blue Shield Health Savings Plan is a high-deductible PPO (preferred provider organization) with a health savings account to help pay your out-of-pocket costs.

How the plan works

- You can choose any doctor or hospital you wish, but providers in the Blue Shield PPO network cost less.
- Preventive care from in-network providers is covered at 100 percent without the need to meet your deductible.
- For all other services and prescriptions, you pay 100 percent of the cost, until you meet the deductible.
- Once you meet the deductible, the plan works like UC's PPO: you pay 20 percent for Blue Shield PPO network providers and 40 percent for out-of-network providers.
- The in-network deductible is \$1,300 for individual coverage and \$2,600 for family coverage; the out-of-network deductible is \$2,500 for individual and \$5,000 for family.
- Annual out-of-pocket maximums limit what you pay for covered services. If you reach the annual maximum, the plan pays 100 percent of your medical and prescription drug costs for the rest of the year. The maximums for in-network services are \$4,000 for individual coverage, \$6,400 for family coverage; out-of-network maximums are \$8,000 for individual coverage, \$16,000 for family coverage.
- Behavioral health benefits from both in-network and out-of-network providers are provided by Optum [<http://cms.ucop.edu/entity/open.act?type=page&id=c44337dd803065537bfc07a7765df1de&confid=c44337dd803065537bfc07a74c1ba9ca>]. Optum providers' services generally cost less, but you may also use out-of-network providers. Costs are included in your deductible and out-of-pocket maximums.
- If you are enrolled in Medicare, you cannot enroll in this plan. If you cover a family member and he/she is enrolled in Medicare, you cannot enroll in this plan unless you de-enroll your Medicare-enrolled family member from your coverage.

The Health Savings Account

- The Health Savings Account (HSA), administered by HealthEquity, lets you pay for your out-of-pocket health care expenses with tax-free dollars. You can use the funds at any time for qualified medical expenses or save them for future health care needs.
- You file claims directly with Health Equity. You can save your receipts or upload them to the Health Equity website [<http://www.healthequity.com/ed/uc>].
- Your HSA has no "use-it-or-lose-it" feature, so your account balance rolls over annually and continues to grow tax-free.
- UC contributes to the HSA (up to \$500 for individual coverage/\$1,000 for all other coverage). If you change coverage level during the plan year, UC's contribution does not change.
- You also can contribute, with pre-tax payroll deductions, subject to

MORE INFORMATION

Blue Shield website

[<http://www.blueshieldca.com/uc>]

Health Equity HSA website

[<http://www.healthequity.com/ed/uc>]

Health Savings Account FAQ

Find out if the HSP with HSA is the right plan for you

Blue Shield Health Savings Plan Booklet [PDF](#)

Plan Brochure [PDF](#)

Blue Shield Health Savings Plan Behavioral Health Booklet [PDF](#)

HSA Member Guide

[<http://www.healthequity.com/hsamemberguide/index.html>]

Blue Shield Health Savings Plan Summary of Benefits and Coverage [PDF](#)

Doctor directory

Find a provider online [PDF](#)

Continuity of Care

Health Savings Account Proration Schedule

Split or Mixed Medicare Families

payroll deadlines. You may contribute an additional \$2,850 annually for individual coverage or \$5,650 for all other coverage levels. Individuals age 55 and older can make an additional "catch-up" contribution of \$1,000 using the UPAY850 form [PDF](#) (employees only).

- Retirees make after-tax contributions directly to HealthEquity [<http://www.healthequity.com/ed/uc>] and take the tax benefit when filing federal income taxes.
- You own the account, so the money goes with you if you leave UC. You can continue to contribute to it as long as you are enrolled in a qualifying high-deductible health plan — even into retirement.
- When you're ready to use your funds for eligible healthcare expenses, you can take them out of your HSA without paying any federal taxes.
- You earn interest on your account, and can invest your funds in excess of \$2,000 — the same way you invest funds in retirement savings accounts, except interest accrues federal tax-free.
- Contributions and earnings are subject to California income tax.
- You must have a valid Social Security number and U.S. address to establish your HSA.
- You cannot enroll in UC's Health Flexible Spending Account if you enroll in the Blue Shield Health Savings Plan.
- If you enroll in the Blue Shield Health Savings Plan anytime after January, your HSA will be prorated for the calendar year based on this schedule. However, the plan deductible is not prorated. If you continue the plan the following year, you will receive the full HSA beginning January 1.

Best fit for you if:

- You want direct access to all providers without need for referrals
- You want tax-free savings for current and future health care costs
- You are able to risk incurring greater out-of-pocket costs

Monthly plan costs

Click for retiree plan costs chart

Pay Band (per annum)		Self	Self + Child(ren)	Self + Adult	Family
\$51,000 and under	Employee Cost	\$13.78	\$24.80	\$30.18	\$41.19
	UC Contribution	\$557.66	\$1,003.79	\$1,169.83	\$1,615.96
\$51,001–\$101,000	Employee Cost	\$49.83	\$89.69	\$112.48	\$152.33
	UC Contribution	\$521.61	\$938.90	\$1,087.53	\$1,504.82
\$101,001–\$152,000	Employee Cost	\$86.83	\$156.29	\$186.24	\$255.69
	UC Contribution	\$484.61	\$872.30	\$1,013.77	\$1,401.46
\$152,001 and above	Employee Cost	\$125.14	\$225.25	\$262.66	\$362.76
	UC Contribution	\$446.30	\$803.34	\$937.35	\$1,294.39

Typical out-of-pocket costs

Once you've met the deductible, you pay:

- Office visit/urgent care visit: preferred provider: 20 percent; non-preferred provider: 40 percent; (preventive care has no charge)
- Emergency room: 20%
- Hospital stay: 20 percent in-network; 40 percent out-of-network
- Prescription drugs: 20 percent if purchased from in-network pharmacy; 40 percent from out-of-network pharmacy

UCnet: Kaiser Permanente — California

Kaiser is an HMO (Health Maintenance Organization) with a closed network of providers.

How the plan works

- You choose a primary care physician (PCP) from Kaiser's network.
- The PCP coordinates your care and refers you to specialists.
- The plan covers the cost of services only when your primary care physician authorizes it.
- Kaiser provides coverage for services outside of the network only in cases of emergency.
- Behavioral health benefits are provided by Kaiser and Optum.

MORE INFORMATION

Kaiser website

[<http://my.kp.org/universityofcalifornia/>]

kp_shortcut_referrer=kp.org/universityofcalifornia]

Doctor directory

Kaiser Permanente Summary of Benefits and Coverage [PDF](#)

Kaiser Permanente Booklet [PDF](#)

Behavioral Health Booklet for Health Net Blue & Gold, Kaiser & WHA [PDF](#)

Continuity of Care

[<http://healthplans.kaiserpermanente.org/ca/universityofcalifornia/>]

Split or Mixed Medicare Families

Best fit for you if:

- You want low monthly premiums
- You want low, predictable out-of-pocket costs
- You like having one doctor manage your care
- You are happy with the selection of providers within the Kaiser system

Monthly plan costs

Click for retiree plan costs chart

Pay Band (per annum)		Self	Self + Child(ren)	Self + Adult	Family
\$51,000 and under	Employee Cost	\$13.78	\$24.80	\$30.18	\$41.19
	UC Contribution	\$546.91	\$984.45	\$1,147.28	\$1,584.82
\$51,001–\$101,000	Employee Cost	\$49.83	\$89.69	\$112.48	\$152.33
	UC Contribution	\$510.86	\$919.56	\$1,064.98	\$1,473.68
\$101,001–\$152,000	Employee Cost	88.83 \$86.83	159.89 \$156.29	190.44 \$186.24	241.67 \$255.69
	UC Contribution	498.03 \$473.86	896.46 \$852.96	1041.79 \$991.22	1440.22 \$1,370.32
\$152,001 and above	Employee Cost	\$125.14	\$225.25	\$262.66	\$362.76
	UC Contribution	\$435.55	\$784.00	\$914.80	\$1,263.25

2570

Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.

Typical out-of-pocket costs

- Office visits/Urgent care: \$20
- Emergency room visits: \$75
- Hospital stay: \$250
- Prescription drugs: \$5, generic; \$25, brand name

UCnet: UC Care

UC Care is a PPO plan created just for UC. You can get care from UC physicians and medical centers as well as the Blue Shield Preferred network of providers — the choice is yours. You also have coverage for non-network providers.

How the plan works

- You may choose any doctor or care facility, worldwide.
- You have two options for in-network care:
 - You pay set copayments for covered services and there's no deductible when you use providers in the **UC Select** network.
 - You also can choose a provider in the **Blue Shield Preferred** network and pay 20 percent of the cost of service.
 - There is a \$250 deductible for individual coverage and \$750 deductible for a family of three or more.
- Or, you can choose a non-preferred or out-of-network provider and pay 50 percent of the cost. There is a \$500 deductible for individual coverage and \$1,500 deductible for a family of three or more.
- Annual out-of-pocket maximums limit what you pay. If you reach the annual maximum, the plan pays 100 percent of your medical costs for the rest of the year.
 - UC Select: \$1,500/individual; \$4,500/family
 - Blue Shield Preferred: \$3,000/individual; \$9,000 family
 - Out-of-network: \$5,000/individual; \$15,000 family
 - Prescription drugs (in-network only): \$3,600 for individual and \$4,200 for family
- Blue Shield administers claims.
- Behavioral health benefits are provided by Optum. Optum providers generally have lower costs, but you also may use out-of-network providers. Costs are included in your deductible and out-of-pocket maximums.

Best fit for you if:

- You want direct access to all providers without a referral
- You want no deductible and fixed copay for using providers in the UC Select network
- You want coverage when you are traveling or living abroad
- You and/or your family members live outside California

Monthly plan costs

Click for retiree plan costs chart

Pay Band (per annum)	Self	Self + Child(ren)	Self + Adult	Family

MORE INFORMATION

UC Care website (<http://uc-care.org/>)

Doctor directory (<http://uc-care.org/find-a-provider/>)

Getting started with UC Care [PDF](#)

UC Care Summary of Benefits and Coverage [PDF](#)

UC Care Booklet [PDF](#)

UC Care Behavioral Health Booklet [PDF](#)

Find a provider online [PDF](#)

Continuity of Care (<http://uc-care.org/benefit-basics/transitioning-to-uc-care/>)

Split or Mixed Medicare Families

\$51,000 and under	Employee Cost	\$96.91	\$174.44	\$257.64	\$335.17
	UC Contribution	\$626.90	\$1,128.42	\$1,262.36	\$1,763.88
\$51,001–\$101,000	Employee Cost	\$132.96	\$239.33	\$339.94	\$446.31
	UC Contribution	\$590.85	\$1,063.53	\$1,180.06	\$1,652.74
\$101,001–\$152,000	Employee Cost	187.97 \$169.96	338.35 \$305.93	452.39 \$413.70	602.76 \$549.67
	UC Contribution	563.70 \$553.85	1014.64 \$996.93	1126.13 \$1,106.30	1577.09 \$1,549.38
\$152,001 and above	Employee Cost	\$208.27	\$374.89	\$490.12	\$656.74
	UC Contribution	\$515.54	\$927.97	\$1,106.30	\$1,442.31

+10%

Typical out-of-pocket costs

- Office visit/urgent care visit: UC Select: \$20; Blue Shield Preferred: 20 percent; out-of-network: 50 percent; (preventive care with in-network provider has no charge)
- Emergency room: \$200
- Hospital stay: UC Select: \$250; Blue Shield Preferred: 20 percent; out-of-network: 50 percent
- Prescription drugs: \$5, generic; \$25, brand name; \$40, non-formulary

UCnet: Western Health Advantage

Western Health Advantage (WHA) is a regional HMO (Health Maintenance Organization) serving Sacramento, Davis, and the counties of Marin, Napa and Sonoma.

How the plan works

- You choose a primary care physician (PCP) who coordinates your care and refers you to specialists within your designated medical group.
- You pay a copayment for prescription drugs and some services.
- The plan covers the cost of services only when your PCP authorizes them.
- You may see most specialist physicians in the WHA network through the Advantage Referral program.
- WHA provides coverage for services outside of your medical group only in cases of emergency.
- In-network behavioral health benefits are provided by Optum.
- When a generic drug is available and you choose the brand-name drug, you must pay the difference between the cost of the brand and the generic plus the \$5 generic copay. With prior authorization, exceptions for medical necessity can be made.

MORE INFORMATION

WHA website

Doctor directory

[<http://www.westernhealth.com/provdir/welcome.cfm?section=ucdavis>]

WHA Summary of Benefits and Coverage - Individual [PDF](#)

WHA Summary of Benefits and Coverage - Family [PDF](#)

WHA booklet [PDF](#)

Behavioral Health Booklet for Health Net Blue & Gold, Kaiser & WHA [PDF](#)

Continuity of Care

WHA copay summary [PDF](#)

Best fit for you if:

- You live in the Davis–Sacramento area or the counties of Marin, Napa or Sonoma
- You want low monthly premiums
- You want low, predictable out-of-pocket costs
- You like having one doctor manage your care
- You are happy with the selection of providers

Monthly plan costs

Click for retiree plan costs chart

Pay Band (per annum)		Self	Self + Child(ren)	Self + Adult	Family
\$51,000 and under	Employee Cost	\$13.78	\$24.80	\$30.18	\$41.19
	UC Contribution	\$564.94	\$1,016.90	\$1,185.13	\$1,637.12
\$51,001–\$101,000	Employee Cost	\$49.83	\$89.69	\$112.48	\$152.33
	UC Contribution	\$528.89	\$952.01	\$1,102.83	\$1,525.98
\$101,001–\$152,000	Employee Cost	83.93 \$86.83	159.89 \$156.29	190.62 \$186.24	261.67 \$255.69
	UC Contribution	\$491.89 483.93	\$885.41 880.17	\$1,029.07 1022.79	\$1,422.62 1413.93
\$152,001 and above	Employee Cost	\$125.14	\$225.25	\$262.66	\$362.76
	UC Contribution	\$453.58	\$816.45	\$952.65	\$1,315.55

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Rates for union-represented employees are subject to ongoing collective bargaining as appropriate.

Typical out-of-pocket costs

- Office visit/urgent care visit: \$20 (preventive care has no charge)
- Emergency room: \$75
- Hospital stay: \$250
- Prescription drugs: \$5, generic; \$25, brand name; \$40, non-formulary

UCnet: Core

Core is a high-deductible catastrophic plan.

How the plan works

- You can choose any doctor or hospital you wish, worldwide, but Blue Shield PPO network providers cost less.
- Preventive care from in-network providers is covered at 100 percent without the need to meet your deductible.
- For all other services and prescriptions, you pay 100 percent of the cost until you meet the deductible (\$3,000 for both in-network and out-of-network providers).
- Once you meet the deductible, you pay 20 percent.
- Annual out-of-pocket maximums (\$6,350 per member) limit what you pay. If you reach the annual maximum, the plan pays 100 percent of your medical and prescription drug costs for the rest of the year.
- Behavioral health services are provided by Blue Shield.

Best fit for you if:

- You want to pay no monthly premium
- You want direct access to all providers without need for referrals
- You are willing to risk incurring high out-of-pocket costs
- You want coverage when you are traveling or living abroad

Plan costs

UC pays the entire cost for Core; there is no cost to you.

Typical out-of-pocket costs

Once you've met the deductible, you pay:

- Office visit/urgent care visit: 20%; (preventive care from in-network providers has no charge)
- Emergency room: 20%
- Hospital stay: 20%
- Prescription drugs: 20%

MORE INFORMATION

Blue Shield website

[<http://www.blueshieldca.com/uc>]

Core Summary of Benefits and Coverage [PDF](#)

Core Plan Booklet [PDF](#)

Doctor directory

Find a provider online [PDF](#)

Continuity of Care

Split or Mixed Medicare Families

UCnet: Retiree Medical Plan Costs

The monthly costs for medical coverage below apply to retirees eligible for 100 percent of the UC/employer contribution toward the premium for each plan. **If you are subject to graduated eligibility and, therefore, not eligible for the maximum UC/employer contribution, your costs may be higher than those listed below.** Your plan cost appears as a deduction on your UCRP benefit direct deposit statement.

When all family members are in Medicare

Plan		Self in Medicare	Self + Adult or Self + Child(ren) Both in Medicare	Self + Adult + Child(ren) All in Medicare
Blue Shield Medicare PPO	Your Premium	\$11.99	\$23.98	\$35.97
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00
Blue Shield Medicare PPO without Prescription Drugs	Your Premium	\$0.00	\$0.00	\$0.00
	Medicare Part B Reimbursement	\$104.90	\$209.80	\$314.70
Health Net Seniority Plus	Your Premium	\$18.11	\$36.22	\$54.33
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00
High Option Supplement to Medicare	Your Premium	\$105.95	\$211.90	\$317.85
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00
Kaiser Permanente Senior Advantage	Your Premium	\$0.00	\$0.00	\$0.00
	Medicare Part B Reimbursement	\$91.99	\$183.98	\$275.97

Medicare Part B reimbursement may apply if your premium cost is \$0.00. Part B reimbursement is based on a Medicare Part B premium of \$104.90 per person. Reimbursements vary and are added automatically to your monthly retirement payment.

When one or more family members are not Medicare eligible

Plan		Self + Adult 1 Adult in Medicare	Self + Child(ren) Adult in Medicare	Self + Adult + Child(ren) 1 Adult in Medicare	Self + Adult + Child(ren) 2 Adults in Medicare
Core/Blue Shield Medicare PPO	Your Premium	\$0.00	\$0.00	\$0.00	\$0.00
	Medicare Part B Reimbursement	\$104.90	\$104.90	\$104.90	\$209.80

Health Net Blue & Gold/ Seniority Plus	Your Premium	\$281.80	\$180.17	\$448.34	\$193.82
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente Senior Advantage	Your Premium	\$69.90	\$0.00	\$154.73	\$0.00
	Medicare Part B Reimbursement	\$0.00	\$6.57	\$0.00	\$98.57
UC Care/Blue Shield Medicare PPO	Your Premium	\$348.05	\$227.90	\$563.96	\$239.89
	Medicare Part B Reimbursement	\$0.00	\$0.00	\$0.00	\$0.00

Medicare Part B reimbursement may apply if your premium cost is \$0.00. Part B reimbursement is based on a Medicare Part B premium of \$104.90 per person. Reimbursements vary and are added automatically to your monthly retirement payment.

Non-Medicare Plans

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Blue Shield Health Savings Plan (closed to new retiree enrollment)	\$117.51	\$211.52	\$28	\$379.95
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold	\$208.16	\$374.69	\$476.32	\$642.86
Kaiser Permanente — California	\$108.69	\$193.52	\$263.40	\$348.81
UC Care	\$269.88	\$485.79	\$605.94	\$821.85
Western Health Advantage	\$127.88	\$228.39	\$303.76	\$404.27

Non-Medicare Plans Age 65 and over, NOT Medicare eligible

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Blue Shield Health Savings Plan (closed to new retiree enrollment)	\$49.83	\$89.69	\$112.48	\$152.33
Core	\$0.00	\$0.00	\$0.00	\$0.00
Health Net Blue & Gold	\$71.24	\$128.23	\$210.32	\$267.32
Kaiser Permanente — California	\$49.83	\$89.69	\$112.48	\$152.33
UC Care	\$132.96	\$239.33	\$339.94	\$446.31
Western Health Advantage	\$49.83	\$89.69	\$112.48	\$152.33

Medicare.gov

The Official U.S. Government Site for Medicare

[Home](#) / [Your Medicare costs](#) / Medicare 2015 costs at a glance

Medicare 2015 costs at a glance

Listed below are basic costs for people with Medicare. If you want to see and compare costs for specific health care plans, visit the [Medicare Plan Finder](#).

If you want specific cost information (like whether you've met your [deductible](#), how much you'll pay for an item or service you got, or the status of a [claim](#)), visit [MyMedicare.gov](#).

[Find out if Medicare covers a specific test, item or service that's not listed under the detailed Medicare cost information section of this page.](#)

2015 Costs at a Glance

Part A premium

Most people don't pay a monthly premium for Part A (sometimes called "[premium-free Part A](#)"). If you buy Part A, you'll pay up to \$407 each month. [Calculate my premium.](#)

Part A hospital inpatient deductible and coinsurance

You pay:

\$1,260 deductible for each benefit period

Days 1-60: \$0 coinsurance for each benefit period

Days 61-90: \$315 coinsurance per day of each benefit period

Days 91 and beyond: \$630 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)

Beyond lifetime reserve days: all costs

Part B premium

Most people pay \$104.90 each month.

Part B deductible and coinsurance

\$147 per year. After your deductible is met, you typically pay 20% of the [Medicare-approved amount](#) for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and [durable medical equipment](#).

Part C premium

The Part C monthly [premium](#) varies by plan. [Compare costs for specific Part C plans.](#)

Part D premium

The Part D monthly [premium](#) varies by plan (higher-income consumers may pay more). [Compare costs for specific Part D plans.](#)

Detailed Medicare cost information for 2015

Medicare Part A (Hospital Insurance)

Monthly premium (for people who pay a [premium](#)):

If you buy Part A, you'll pay up to \$407 each month.

Most people get [premium-free Part A](#). [Calculate my premium.](#)

Late enrollment penalty:

- If you don't buy it when you're first eligible, your monthly premium may go up 10%. (You'll have to pay the higher premium for twice the number of years you could have had Part A, but didn't sign up.) [Learn more about the Part A late enrollment penalty.](#)

Part A costs if you have Original Medicare**Note**

All Medicare Advantage Plans must cover these services. If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those in Original Medicare. Review the "[Evidence of Coverage](#)" from your plan.

Home health care

- \$0 for home health care services.
- 20% of the [Medicare-approved amount](#) for [durable medical equipment](#).

Hospice care

- \$0 for [hospice](#) care.
- You may need to pay a [copayment](#) of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under [Part D](#).
- You may need to pay 5% of the [Medicare-approved amount](#) for inpatient [respite care](#).
- Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).

Hospital inpatient stay

- \$1,260 [deductible](#) for each [benefit period](#).
- Days 1–60: \$0 [coinsurance](#) for each benefit period.
- Days 61–90: \$315 coinsurance per day of each benefit period.
- Days 91 and beyond: \$630 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).
- Beyond [lifetime reserve days](#): all costs.

Note

You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it's medically necessary.

Mental health inpatient stay

- \$1,260 [deductible](#) for each [benefit period](#).
- Days 1–60: \$0 [coinsurance](#) per day of each benefit period.
- Days 61–90: \$315 coinsurance per day of each benefit period.
- Days 91 and beyond: \$630 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).
- Beyond [lifetime reserve days](#): all costs.
- 20% of the [Medicare-approved amount](#) for mental health services you get from doctors and other providers while

you're a hospital inpatient.

Note

There's no limit to the number of benefit periods you can have when you get mental health care in a general hospital. You can also have multiple benefit periods when you get care in a psychiatric hospital. Remember, there's a lifetime limit of 190 days.

Skilled nursing facility stay

- Days 1–20: \$0 for each benefit period.
- Days 21–100: \$157.50 coinsurance per day of each benefit period.
- Days 101 and beyond: all costs.

Medicare Part B (Medical Insurance)

Monthly premium:

Most people pay the Part B premium of \$104.90 each month, if you sign up for Part B when you're first eligible.

However, if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you may pay more.

If your yearly income in 2013 (for what you pay in 2015) was			You pay (in 2015)
File individual tax return	File joint tax return	File married & separate tax return	
\$85,000 or less	\$170,000 or less	\$85,000 or less	\$104.90
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	Not applicable	\$146.90
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	Not applicable	\$209.80
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 and up to \$129,000	\$272.70
above \$214,000	above \$428,000	above \$129,000	\$335.70

[Get more information about your Part B premium from Social Security.](#)

Late enrollment penalty:

In most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty for as long as you have Part B. Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it. Also, you may have to wait until the General Enrollment Period (from January 1 to March 31) to enroll in Part B, and coverage will start July 1 of that year.

[Learn more about the Part B late enrollment penalty.](#)

Part B costs if you have Original Medicare

Note

All Medicare Advantage Plans must cover these services. If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those in Original Medicare. Review the "Evidence of Coverage" from your plan.

Part B annual deductible:

You pay \$147 per year for your Part B deductible. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment.

Clinical laboratory services:

You pay \$0 for Medicare-approved services.

Home health services:

- \$0 for home health care services.
- 20% of the Medicare-approved amount for durable medical equipment.

Medical and other services:

You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment.

Note

In 2015, there may be limits on physical therapy, occupational therapy, and speech language pathology services. If so, there may be exceptions to these limits.

Outpatient mental health services

- You pay nothing for your yearly depression screening if your doctor or health care provider accepts assignment.
- 20% of the Medicare-approved amount for visits to a doctor or other health care provider to diagnose or treat your condition. The Part B deductible applies.
- If you get your services in a hospital outpatient clinic or hospital outpatient department, you may have to pay an additional copayment or coinsurance amount to the hospital. This amount will vary depending on the service provided, but will be between 20-40% of the Medicare-approved amount.

Partial hospitalization mental health services:

You pay a percentage of the Medicare-approved amount for each service you get from a doctor or certain other qualified mental health professionals if your health care professional accepts assignment. You also pay coinsurance for each day of partial hospitalization services provided in a hospital outpatient setting or community mental health center, and the Part B deductible applies.

Outpatient hospital services

- You generally pay 20% of the Medicare-approved amount for the doctor or other health care provider's services, and the Part B deductible applies.
- For all other services, you also generally pay a copayment for each service you get in an outpatient hospital setting. You may pay more for services you get in a hospital outpatient setting than you would pay for the same care in a doctor's office.
- For some screenings and preventive services, coinsurance, copayments, and the Part B deductible don't apply (so you pay nothing).

Medicare Part C (Medicare Advantage)**Monthly premium:**

The Part C monthly premium varies by plan.

Deductibles, copayments, & coinsurance:

The amount you pay for Part C deductibles, copayments, and/or coinsurance varies by plan. Look for specific Part C plan costs, and then call the plans you're interested in to get more details.

Medicare Part D (Medicare prescription drug coverage)

Monthly premium:

The Part D monthly premium varies by plan (higher-income consumers may pay more).

The charts below show your estimated prescription drug plan monthly premium based on your income as reported on your IRS tax return from 2 years ago and last year. If your income is above a certain limit, you'll pay an income-related monthly adjustment amount in addition to your plan premium.

If your filing status and yearly income in 2013 was

File individual tax return	File joint tax return	File married & separate tax return	You pay (in 2015)
\$85,000 or less	\$170,000 or less	\$85,000 or less	your plan premium
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	not applicable	\$12.30 + your plan premium
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	not applicable	\$31.80 + your plan premium
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 up to \$129,000	\$51.30 + your plan premium
above \$214,000	above \$428,000	above \$129,000	\$70.80 + your plan premium

If your filing status and yearly income in 2014 was

File individual tax return	File joint tax return	File married & separate tax return	You pay (in 2016)
\$85,000 or less	\$170,000 or less	\$85,000 or less	your plan premium
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	not applicable	\$12.70 + your plan premium
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	not applicable	\$32.80 + your plan premium
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 up to \$129,000	\$52.80 + your plan premium
above \$214,000	above \$428,000	above \$129,000	\$72.90 + your plan premium

Late enrollment penalty:

You may owe a late enrollment penalty if you go without Part D or creditable prescription drug coverage for any continuous period of 63 days or more after your Initial Enrollment Period is over. In general, you'll have to pay this penalty for as long as you have a Medicare drug plan. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage. Learn more about the Part D late enrollment penalty.

Deductibles, copayments, & coinsurance:

10/14/2015

Medicare 2015 costs at a glance | Medicare.gov

The amount you pay for Part D deductibles, copayments, and/or coinsurance varies by plan. [Look for specific Medicare drug plan costs](#), and then call the plans you're interested in to get more details.

Medicare.gov

A federal government website managed by the Centers for
Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

