
Understanding Your Medicare Eligibility

A RASC Webinar for UC Retirees

2024

Let's start with a trivia question!

**In what year was
Medicare
established by
federal legislation?**

- A. 1963**
- B. 1949**
- C. 1965**
- D. 2009**



Today's Objectives



- **To introduce RASC as your Medicare resource** as a UC member/retiree.
- **To cover the basics of Medicare**, including eligibility, when and how to enroll, and how it works together with UC-sponsored medical plans.
- **To provide information on the coverage and costs** of the UC-sponsored medical plans that coordinate with Medicare.

Our goal is to help you feel informed, supported, and more prepared to manage your Healthcare entering / in retirement.

About UC Retirement Administration Service Center (RASC)

The RASC counsels members of the University as they transition into retirement and provides long-term pension and retirement health benefits support.

Retirement Guidance (Locations & Campuses)

Provide transition and coordination services to employees and new retirees, and where locally available, direct retirement support.

Retirement Support (RASC Member Services and Fulfillment)

Provide information to members related to their retirement, provide administrative support, perform outreach to update records, and refer cases to RASC Retirement & Advisory Services.

Retirement Counseling & Advisory Services (RASC Advisory Services)

Advise members on key retirement decisions, provide advisory support and education, and perform outreach to clients to follow up on their cases.

Auxiliary Services

Fidelity: For members who select savings choice or supplemental plans, they provide information and decision-making tools related to those investments

Lincoln Financial: Advises RASC on member disability applications

Medicare Basics

What is Medicare?

Medicare

- Government insurance for eligible individuals
- Eligibility:
 - Age 65+ (Most common for UC members)
 - Disability
 - End Stage Renal Disease (ESRD)
 - ALS (Lou Gehrig's Disease)
- Two types of UC Medicare plan: Medicare Supplement and Medicare Advantage

UC Fact Sheet:

<https://ucnet.universityofcalifornia.edu/forms/pdf/medicare-factsheet.pdf>

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)

www.medicare.gov

Enrolling in Medicare and premium payments

Social Security Administration (SSA)

800-772-1213

800-325-0778 TTY

www.ssa.gov

Medicare Parts

- **Part A** - Inpatient/Hospital Coverage
 - 100% free with qualifying work history
- **Part B** - Outpatient Services
 - Monthly premium of \$174.70 in 2024
- **Part C** - Medicare Advantage
 - Medicare Advantage or HMO/PPO plans
 - Combines Parts A, B and D
- **Part D** - Prescription (Rx) Coverage
 - Covers prescription medications
 - Medicare Advantage Plan Part D is usually included
 - Medicare Supplement Part D is separate
- **Other Medicare Plan Option: Medicare Supplement Plan**
 - Coordinates with Medicare
 - Separate Part D plan



You and Medicare

- **If you're 65, chances are you're eligible for Medicare.**
- **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 standard Medicare coverage (Part A and B).
- **If you're still working at UC, your UC employee medical plan generally remains your primary coverage even if you enroll in Medicare.** However, you may still need to make some decisions about Medicare for yourself or a family member who is turning 65.
- **If you're under 65, these plans may also be available to those with special qualifications.**



When can I enroll in Medicare?

1

IEP: Initial enrollment period

Age 65: 7- month 3 months prior to the month or 3 months after the birth month.

If your birthday is the first of the month, Medicare starts the first of the previous month.

2

SEP: Special Enrollment Period

When ending EGHP (Employer Group Health Plan) coverage over 65.

3

GEP: General Enrollment Period

If you are enrolled in part A and part B terminated due to non-payment, the GEP period is a member's timeframe to enroll in part B.

Jan 1- March 31

Part B effective date is the first of the following month of GEP enrollment.

Medicare Supplement vs. Medicare Advantage

Once you have Medicare Part A and Part B, you have two additional coverage options:



Option 1

Medicare Supplement Insurance (Medigap)

- Helps pay some out-of-pocket costs not paid by Original Medicare (Part A and Part B)
- Medicare is primary, Supplement is secondary

And a separate:

Medicare Part D Plan

Option 1 Available at UC:
UC Medicare PPO, UC Medicare PPO without RX, and UC High Option Supplement

Option 2

Medicare Advantage Plan (Part C)

- Combines Part A, B, and D
- Includes Part D
- May include additional benefits such as glasses, gym, and worldwide emergency coverage. *Additional benefits depend on the insurance plan.

Option 2 Available at UC:
UC Medicare Choice PPO and Kaiser Senior Advantage Plans

Individual VS. Group/UC Coverage

Individual Medicare Plans

- There are different enrollment periods.
 - The Annual Election Period (AEP) is the main enrollment period for individual Medicare Plans (occurs annually from Oct 15th through Dec 7th).
- Individual Medicare plans are generally available to anyone on Medicare, within your plan area (determined by your zip code).
 - You are responsible for handling enrollment and disenrollment.
 - Enrollment into an individual Medicare plan may disenroll you from your UC Medicare plan.

UC Medicare Plans

- UC Medicare plans generally can be changed during UC's Open Enrollment.
- UC Medicare plans are only available to UC employees who are eligible for retiree benefits.

You are only allowed to be enrolled into ONE Medicare plan.

UC VS. INDIVIDUAL COMPARISON

Differences	UC Medicare Plan	Individual Medicare Plan
Part B Reimbursement	✓	✓
Insurance Company Support	✓	✗
UC contribution	✓	✗
UC Plans Formulated for UC Retirees with Special Costs and Benefits	✓	✗
Enrollment Control	✓	✗
Flexibility for Enrollment	✓	✗

Note: Part B reimbursement is only offered on some UC plans and depends on what you qualify for, and is offered only on special individual plans.

Individual VS. Group/UC Coverage – Case Studies

Case Study Example 1:

Barbara is 68. She was watching TV and saw an advertisement about getting \$1,000 in grocery coverage under a new Medicare plan. She calls the number on the TV and gets signed up for another plan outside of UC.

Case Study Example 2:

Milton is 72. He receives mailers from Kaiser. He thinks that this is the same as his UC Kaiser plan. He calls Kaiser directly and enrolls into an individual Kaiser plan.



How is each member's UC Medicare coverage impacted?

Medicare & Premiums

Medicare Premium Overview

You will need to ensure for your Medicare premiums, LEPs and IRMAA dues are paid to keep your Medicare coverage current.

Standard	Late Enrollment Penalty (LEP)	Income Related Medicare Adjustment Amount (IRMAA)
Medicare premiums are generally taken out of your Social Security check. If you are not receiving Social Security checks, you will be billed quarterly.	If you enroll in part A and not part B when eligible, you will receive a Late Enrollment Penalty – <i>10% will be added to your monthly premium rate.</i> For Part D, the LEP is 1% if you don't have creditable coverage for 63 or more days.	A small percentage of Medicare enrollees (<5%) are required to pay higher premiums for their part B and D coverage based on the previous year's tax return (listed on subsequent slide) Failure to pay the adjusted/higher amount will result in loss of coverage.

The standard 2024 premium for Medicare Part B is \$174.70.

Here is a link to calculate your Medicare premium:

<https://www.medicare.gov/eligibilitypremiumcalc>

Income-Related Monthly Adjustment Amounts (IRMAA)

- Thresholds based on individual and joint tax returns for 2024 premium rates are listed to the right.
- Income-related monthly adjustments begin at \$103,000 for individual filers and \$206,000 for joint filers.
- You have a right to request a lower income-related monthly adjustment amount.

Medicare Part B Income-Related Monthly Adjustment Amounts

Since 2007, a beneficiary's Part B monthly premium has been based on his or her income. These income-related monthly adjustment amounts affect roughly 8 percent of people with Medicare Part B. The 2024 Part B total premiums for high-income beneficiaries with full Part B coverage are shown in the following table:

Full Part B Coverage			
Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-Related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0.00	\$174.70
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$69.90	\$244.60
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$174.70	\$349.40
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$279.50	\$454.20
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$384.30	\$559.00
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$419.30	\$594.00

Medicare Application & Enrollment

UC Medicare Enrollment is a 2-Step Process

Step 1: Enroll in Medicare (3 options)



Online at
<http://Medicare.gov>

You must create a
Social Security
Account



Call and apply
over the phone

1-800-772-1213



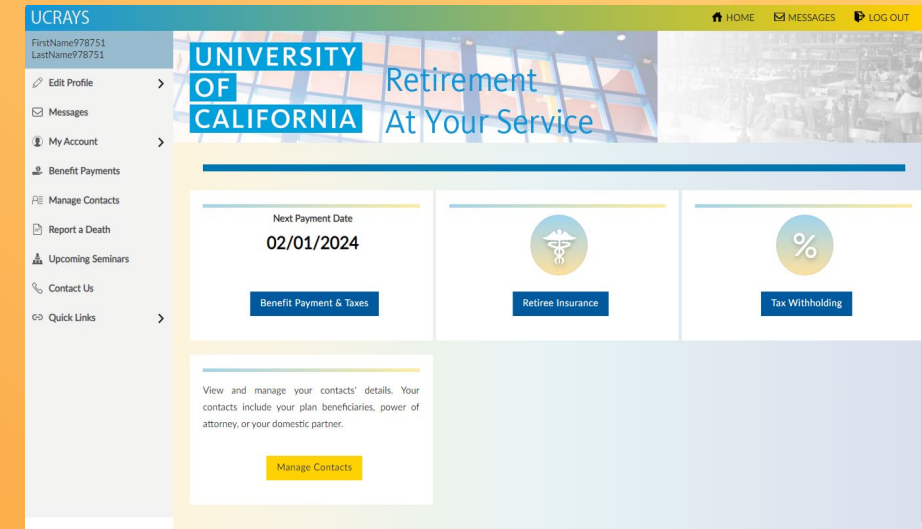
In-person at the
local Social
Security
Administration
office

Step 2: Submit your UC forms

- Provide proof of Medicare enrollment
 - Approval letter or Medicare ID card
- Complete and submit UBEN forms or complete life-event change in UCRAYS

How to Enroll via UCRAYS

1. Log onto UCRAYS and select “Retiree Insurance”
2. Select “Life Event Changes/Assign Medicare”
3. Review the Life Event Changes screen. Click Initiate Life Event Change and on the next screen, select Medicare Assignment.
4. Enter Medicare information. Check the Enrollee, Part A, and Part B boxes.
5. On the review/update page, You will see your UC contribution amount. Then, choose the Medicare plan. Be sure to check Medicare box and click Calculate Total Cost. You will see the total costs and reimbursement, if qualified.
6. On the Medicare questionnaire page, Fill out application page.
7. Check the arbitration boxes.
8. Review the important notices.
9. On the review and confirm page, check the box and confirm your enrollment.
10. You will get a message to sign.



Available Medicare Plans

Kaiser Permanente HMO



**MEDICARE ADVANTAGE UNIVERSAL
ENROLLMENT/ELECTION FORM FOR
KAISER SENIOR ADVANTAGE**
UBEN 127 (R12/23) University of California Human Resources

Complete form in ink and send to:
UC RASC
P.O. Box 24570
Oakland, CA 94623-1570
Fax to: 800-792-5178

This Enrollment/Election Form has been sent to you because you or an eligible family member has enrolled in Kaiser Senior Advantage, a Medicare Advantage plan that requires you to assign your Medicare to your plan.

Each person on Medicare must complete a separate form. Please print clearly using a blue or black ballpoint pen.

- Read the entire agreement before you sign the form.
- Include a copy of your Medicare card with each form.
- Check the box accepting Kaiser's arbitration terms on page 3.
- Sign and date your form. Electronic signatures are acceptable, typed are not.
- Send white copy to UC by mail or fax. Keep yellow copy for your records.
- Need help? Call the UC Retirement Administration Service Center (800-888-8267) or your location's Health Care Facilitator. For the contact list, visit: ucra.ucsf.edu/content/health-care-facilitators.html.
- Need information in a language other than English or in another format? Call Kaiser 1-800-443-0815 (TTY 711), 7 days per week, 8:00 a.m.–8:00 p.m.

"Subscriber" is typically the University of California retiree who is carrying the medical insurance through UC.

"Enrollee" is the person assigning/coordinating his or her Medicare. An enrollee can be the UC retiree/survivor, the spouse/domestic partner or another family member on Medicare.

"Requested Effective Date" is the first of the month after UC receives the signed and completed form and no earlier than the month this person becomes eligible for and enrolls in Medicare Parts A and B. (Forms can be submitted 60 to 90 days before your Medicare Part B Coverage Start Date.)

UC must receive this form before your Medicare Advantage coverage and any Part B reimbursements can begin.

FORM QUESTION	WHAT TO ENTER
Requested Effective Date	If you leave the date blank, your plan will assign the first of the month you are eligible for and enrolled in Medicare, and that UC is in receipt of this completed form.
Medical Group/Physician No.	Input if known. If not, leave blank.
Name	Name of the person enrolling. If spouse, enter spouse's name.
Permanent Residence Address, City, State, ZIP	Address of enrollee. No P.O. Boxes accepted—need street address.
Social Security Number (SSN) and Date of Birth	Enter SSN and birth date for enrollee.
Are you the Subscriber?	Answer Yes if the enrollee is the UC retiree/survivor. No, if not.
Subscriber's Name and SSN	Enter the UC retiree's full name and SSN. This is very important.
Medicare Card and Medicare Number (This is the 11-digit alpha-numeric number that replaced your SSN.)	Enter all numbers, letters and dates from your red/white/blue Medicare card AND send a copy of the card or your award letter from Social Security or the Railroad Retirement Board to UC. This is very important.
Question 2 Are you covering a spouse or dependent?	Answer Yes if enrollee is the UC retiree/survivor and is covering family members.
Question 3 Do you or your spouse work?	Answer Yes if enrollee or UC retiree is employed and eligible for any health insurance benefits elsewhere as an employee.
Question 4 Have other drug coverage?	Answer Yes if enrollee has another non-UC prescription drug plan, separate from UC insurance. Check your ID card or a prescription container for your Group and/or BIN numbers. No, if none.
Checkbox, Signature and Date	Check the box, sign and date here. This is very important.
Authorized Representative's Signature plus Name, Address, Phone, Relationship to enrollee	If the enrollee did not sign, the person legally responsible to sign for him/her should sign and date here.

TO BE ENROLLED, FORM MUST BE SIGNED AND DATED, AND ARBITRATION TERMS ACCEPTED.
INCOMPLETE FORMS WILL NOT BE PROCESSED.

Kaiser Senior Advantage (Medicare)

- Northern and Southern are based on zip code
- Medicare form is the UBEN 127
- The effective date of the UBEN 127 is based on the received date

Benefits of Kaiser:

- Many qualify for a Part B reimbursement (depending on your UC contribution amount)
- Coordinated, in-network model
- Has glasses benefit
- Lower premium and out-of-pocket costs
- Offers worldwide emergency coverage



NAVITUS (PDP) ENROLLMENT FORM FOR UC MEDICARE PPO OR UC HIGH OPTION SUPPLEMENT TO MEDICARE
 UBEN 123 (R11/22) University of California Human Resources

Mail white copy to:
 UC RASC
 P.O. Box 24570
 Oakland, CA 94623-1570
 OR fax to: 800-792-5178

This Enrollment Form was sent to you because you or an eligible family member is enrolling in UC Medicare PPO or UC High Option Supplement to Medicare, which has a Medicare Prescription Drug Plan that requires you to assign your Medicare to your plan.

Each person on Medicare must complete a separate form. Please print clearly using a blue or black ballpoint pen.

- Read the entire agreement before you sign the form.
- Include a copy of your Medicare card with each form, if available.
- Sign and date your form. Electronic signatures are acceptable, typed are not.
- White copy—send or fax to: UC Retirement Administration Service Center, P.O. Box 24570, Oakland, CA 94623-1570, fax 800-792-5178. Yellow copy—keep for your records.

• "Enrollee" means the person assigning/coordinating their Medicare. An enrollee can be the UC retiree, spouse/domestic partner or another family member on Medicare.
 • "Requested Effective Date" is the first of the month you want your Medicare plan to be effective after UC receives a signed and completed form. It is recommended you submit this form 60 days before you become eligible for and enroll in Medicare Parts A and B. (Medicare will deny forms submitted 90 days or more before the Effective Date.)
 • You can assign your Medicare to only one prescription drug plan at any given time. By signing this form, any other prescription drug plan you may have could be cancelled.
 • If you are eligible for premium-free Medicare Part A, UC requires you to have both Medicare Part A and B to join a prescription drug plan (PDP). If you pay a premium for Medicare Part A, contact UC for your coverage options.
 Need help? Call the UC Retirement Administration Service Center (800-888-8267) or your location's Health Care Facilitator; for the contact list, visit: ucnet.universityofcalifornia.edu/contacts/health-care-facilitators.html.

FORM QUESTION	WHAT TO ENTER
Retiree Name and Social Security Number (SSN)	Enter the UC retiree's full name and SSN. This is very important.
Requested Effective Date	Enter a future effective date. This form must be received 60–90 days prior to your desired effective date (60 is recommended). If you leave the date blank, UC will assign the Effective Date as the first of the month you are eligible for and enrolled in Medicare, and after UC is in receipt of this completed form.
Name, if not retiree	Name of the person enrolling. If spouse, enter spouse's name.
SSN and Date of Birth	Enter the SSN and birthdate for the person enrolling.
Permanent Residence Address, City, State, ZIP	Address of enrollee. No P.O. Boxes accepted—need street address. If in a long term care facility, enter name of the facility.
Plan you are requesting	Select Medicare PPO or High Option. You may enroll in High Option if all of your family members have Medicare. If you are a family member, check the plan the retiree selected. All family members must be enrolled in the same plan as the retiree.
Medicare Card and Medicare Number (This is the 11-digit alpha-numeric number that replaced your SSN.)	Enter all numbers, letters and dates from your red/white/blue Medicare card AND send a copy of the card or your award letter from Social Security or the Railroad Retirement Board to UC. This is very important.
Arbitration checkbox, Signature and Date	Review entire form, all terms and conditions, sign and date here. This is very important.

To start your Medicare prescription drug coverage, UC must receive this form signed, dated and Arbitration Terms accepted prior to your Requested Effective Date.

UC Medicare PPO

- Medicare form needed is UBEN 123
- Effective date of UBEN 123 is based on the received date

UC Medicare PPO without Rx

- Member must provide proof of Rx coverage
- Effective date of UBEN 100 is based on the received date

UC High Option Supplement (Medicare, PPO)

- Can only enroll during open enrollment or ILOC (Involuntary Loss of Coverage)

Benefits:

- You can go to any provider that accepts Medicare
- Offers Global Care for retirees traveling/living abroad for up to 6 months – you can access preventative care, emergency care, and Rx coverage.

[NOTE: Navitus provide Rx coverage]



UC MEDICARE CHOICE ENROLLMENT FORM
UBEN 121 (R11/22) University of California Human Resources

Mail white copy to:
UC RADIC
P.O. Box 24570
Oakland, CA 94623-1570
OR fax to: 800-792-5178

This Enrollment Form was sent to you because you or an eligible family member is enrolling in UC Medicare Choice, a Medicare Advantage PPO plan, which requires you to assign your Medicare to your plan.

Each person on Medicare must complete a separate form. Please print clearly using a blue or black ballpoint pen.

- Read the entire agreement before you sign the form.
- Include a copy of your Medicare card with each form, if available.
- Sign and date your form. Electronic signatures are acceptable, typed are not.
- **White copy**—send or fax to: UC Retirement Administration Service Center
P.O. Box 24570
Oakland, CA 94623-1570
fax 800-792-5178
- **Yellow copy**—keep for your records.

• “Enrollee” means the person assigning/coordinating his or her Medicare. An enrollee can be the UC retiree, a spouse/ domestic partner or another family member on Medicare.

• “Requested Effective Date” is the first of the month you want your Medicare plan to be effective after UC receives a signed and completed form. It is recommended you submit this form 60 days before you become eligible for and enroll in Medicare Parts A and B. (Medicare will deny forms submitted 90 days or more before the Effective Date.)

• You can assign your Medicare to only one Medicare plan at any given time. By signing this form, any other Medicare and/or prescription drug plan you may have could be cancelled.

• If you are eligible for premium-free Medicare Part A, UC requires you to have both Medicare Part A and B to join a Medicare plan. If you pay a premium for Medicare Part A, contact UC for your coverage options.

Need help? Call the UC Retirement Administration Service Center (800-888-8267) or your location’s Health Care Facilitator; for the contact list, visit: ucnet.universityofcalifornia.edu/contacts/health-care-facilitators.html.

FORM QUESTION	WHAT TO ENTER
Retiree Name and Social Security Number (SSN)	Enter the UC retiree's full name and SSN. This is very important.
Requested Effective Date	Enter a future effective date. This form must be received 60–90 days prior to your desired effective date (60 is recommended). If you leave the date blank, UC will assign the Effective Date as the first of the month you are eligible for and enrolled in Medicare, and after UC is in receipt of this completed form.
Name, if not retiree	Name of the person enrolling. If spouse, enter spouse's name.
SSN and Date of Birth	Enter the SSN and birthdate for the person enrolling.
Permanent Residence Address, City, State, ZIP	Address of enrollee. No P.O. Boxes accepted—need street address. If in a long-term care facility, enter name of the facility.
Medicare Card and Medicare Number (This is the 11-digit alpha-numeric number that replaced your SSN.)	Enter all numbers, letters and dates from your red/white/blue Medicare card AND send a copy of the card or your award letter from Social Security or the Railroad Retirement Board to UC. This is very important.
Arbitration checkbox, Signature and Date	Review entire form, all terms and conditions, sign and date here. This is very important.

To start your UC Medicare Choice coverage, UC must receive this form signed, dated and Arbitration Terms accepted prior to your Requested Effective Date.

UC Medicare Choice (Medicare, PPO)

- Medicare form is UBEN 121 based on the received date

Benefits:

- Many qualify for a Part B reimbursement (depending on your UC contribution amount)
- Dedicated line for UC members
- Out of Network is covered at the same cost of In Network Providers
- Lower premium and out-of-pocket costs
- NEW - Offering hobby classes!

People Outside of California

UC sponsors a Medicare Coordinator Program for Medicare-eligible retirees and families who live in a US state outside California.

To be eligible for this program, retirees and all covered family members must:

- Be eligible for and enrolled in Medicare Parts A and B (not due to disability or ESRD) and aged 65+
- Live in a US state outside California
- Be eligible for UC retiree health insurance
- Submit the form UBEN 100

Via Benefits can be reached at 1-855-359-7381

If contacting VIA directly, member needs to mention UC.

If the family is living outside of CA and not all are eligible for Medicare, they must enroll in Anthem UC Care, Core, UC Medicare PPO

- Must submit the forms UBEN 100 and UBEN 123



Calculating your UC Medicare Costs Across Plan Options

2024 University of California Retiree Health Plan Premium Estimator*

- Step 1:** When did the employee join the UC Retirement Plan? Choose the applicable eligibility group.
· If you left employment without retiring and were later rehired, use the date that you rejoined UCRP. · If you retired but then suspended retirement, use the date that you originally joined UCRP. · Safety members: Choose Group 2.
- Step 2:** Enter age at retirement in full years.
- Step 3:** Enter the number of full years of UC Retirement Plan service credit at retirement.
- Step 4:** Choose a health plan to see applicable rates.
- Step 5:** To compare rates across medical plans, choose the **Medical Plan Comparison Chart** tab.

- 1: **Joined UCRP 1/1/1990–6/30/2013 (Group 2)**
- 2: **60** Age at retirement
- 3: **20** Years of UCRP service credit at retirement
- 4: **CORE/UC Medicare PPO**

UC contribution toward medical/dental coverage: 100.0%

	Total Monthly Premium	Maximum UC Contribution	UC Pays	Retiree Pays	Medicare Part B Reimbursement
U	\$317.78	\$647.40	\$317.78		
UC	\$572.00	\$1,165.32	\$572.00		
UA	\$667.34	\$1,303.64	\$667.34		
UAC	\$921.56	\$1,821.56	\$921.56		
M	N/A	N/A			
MM	N/A	N/A			
MC	\$714.53	\$888.02	\$714.53		\$164.90
MA	\$809.87	\$1,026.34	\$809.87		\$164.90
MAC	\$1,064.09	\$1,544.26	\$1,064.09		\$164.90
MMM	N/A	N/A			

1. Visit this link:
<https://hr.ucdavis.edu/employees/hcf>
2. Scroll down to "Retirees Rates"
3. Open the "2024 UC Retiree Premium Estimator"
4. Input your information

Best Practices for Medicare Enrollment

- 1 Use the correct and most current forms, complete them fully, sign your name (wet signature), date, and check arbitration box (UBEN).
- 2 Include a copy of your Medicare Card with Part A & Part B or an SSA letter that highlights Medicare benefits with Part A & B.
We can't accept enrollment forms without proof of active Part A and Part B.
- 3 Pay all Medicare dues.
- 4 Keep your address up-to-date. Medicare requires a physical address.
- 5 Can't accept forms 90 days prior to start date. Form expires 90 days after submission.
- 6 The best way to track your form, check your UCRAYS that it is updated.
- 7 Any changes to name and date of birth must go through Social Security.

If you choose not to enroll...

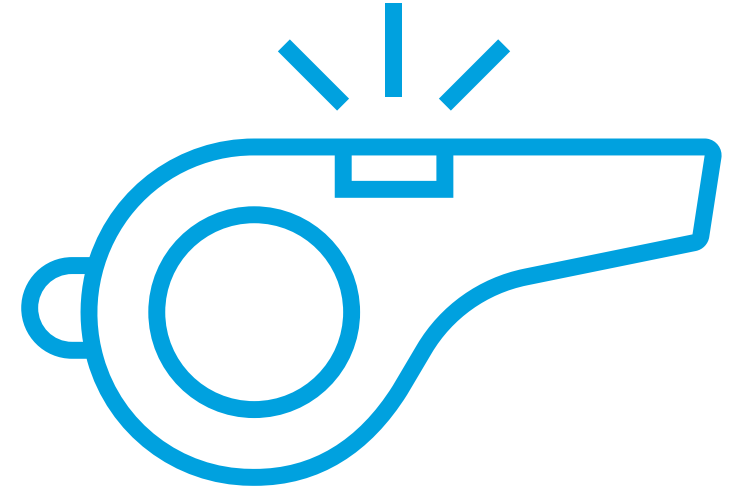
There are potential offset penalties for non-enrollees

UC Requirements

- The University requires people who eligible for Medicare to enroll into a UC Medicare plan. ***We will be charging the Medicare offset premium per member as a monthly penalty to people who don't abide by these requirements.***
- To be in compliant with our Group Insurance Regulations, GIR 6008.E, we will be charging the Medicare offset premium of **\$419.60**.
- It is charged for 3 months, per member.
- On the 4th month, the member who is out of compliance will be at risk of termination of coverage.

Compliance is a Priority at UC

- Medicare partially reduces the cost of retiree health
- We provide resources help people stay in compliance



RASC Contact Information



RASC Member Services: Any general questions on retiree health benefits

By phone at 800-888-8267, from 8:30 a.m. to 4:30 p.m. (PT), Monday through Friday.



UCRAYS: Secure messaging, form submission, contact info updates, life event changes & enrollment

<https://retirementatyourservice.ucop.edu/>



UCNet: General resource for guides, forms & updates

<https://ucnet.universityofcalifornia.edu/index.html>



RASC Portal: Schedule retirement counseling access retiree resources & newsletters

<https://rasc.universityofcalifornia.edu/>

Q&A

Put in the chat the one thing you
learned today *most beneficial* to
your understanding of Medicare
at UC...