

2027 Medical Plan Costs for UC Retirees

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. For those subject to graduated eligibility, personalized rates can be seen on UCRAYS. Your plan cost appears as a deduction on your UCRP benefit direct deposit statement. See box below for an explanation of Your Premium/Part B.

All Family Members in Medicare

	SELF (in Medicare)	SELF + ADULT OR CHILD(REN) (Both in Medicare)	SELF + ADULT and CHILD(REN) (All in Medicare)
Medicare Plan	Your Premium / Part B*	Your Premium / Part B*	Your Premium / Part B*
Kaiser Senior Advantage – CA (Kaiser)	\$0.00 / \$202.90	\$0.00 / \$405.80	\$0.00 / \$608.70
UC Medicare Choice (UnitedHealthcare)	\$137.21 / \$0.00	\$274.42 / \$0.00	\$411.63 / \$0.00
UC High Option Supplement to Medicare (Anthem)	\$363.74 / \$0.00	\$727.48 / \$0.00	\$1,091.22 / \$0.00
UC Medicare PPO (Anthem)	\$60.44 / \$0.00	\$120.88 / \$0.00	\$181.32 / \$0.00
UC Medicare PPO without Prescription Drugs (Anthem)	\$0.00 / \$202.90	\$0.00 / \$405.80	\$0.00 / \$608.70

One or More Family Members not Medicare-Eligible

	SELF + ADULT (1 Adult in Medicare)	SELF + CHILD(REN) (Adult in Medicare)	SELF + ADULT and CHILD(REN) (1 Adult in Medicare)	SELF + ADULT and CHILD(REN) (2 Adults in Medicare)
Non-Medicare Plan/Medicare Plan	Your Premium / Part B*	Your Premium / Part B*	Your Premium / Part B*	Your Premium / Part B*
Kaiser Permanente CA/ Kaiser Senior Advantage CA (Kaiser)	\$100.10 / \$0.00	\$0.00 / \$91.37	\$321.68 / \$0.00	\$0.00 / \$404.32
UC Blue & Gold HMO (Health Net)/ UC Medicare Choice (UnitedHealthcare)	\$669.91 / \$0.00	\$422.99 / \$0.00	\$955.69 / \$0.00	\$560.20 / \$0.00
UC Care (Blue Shield)/UC Medicare PPO (Anthem)	\$635.41 / \$0.00	\$376.97 / \$0.00	\$951.94 / \$0.00	\$437.41 / \$0.00

Plan Cost Key

\$0.00 — Your premium
\$202.90 — Medicare Part B reimbursement

Medicare Part B reimbursement may apply if your premium cost is \$0.00. If applicable, UC will reimburse you based on a Medicare Part B premium of up to \$202.90 per person. Reimbursements vary and are added automatically to your monthly retirement payment.

Note: You must be current on your Medicare Part B premium payments to Social Security for this reimbursement.



Visit the retiree health
premium estimator

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	Non-Medicare Plans				Non-Medicare Plans Age 65 and over, NOT Medicare-Eligible			
	SELF	SELF + CHILD(REN)	SELF + ADULT	SELF + ADULT & CHILD(REN)	SELF	SELF + CHILD(REN)	SELF + ADULT	SELF + ADULT & CHILD(REN)
HealthSavings+ (PPO; Blue Shield)	\$249.36	\$448.85	\$621.20	\$820.69	\$119.58	\$215.25	\$367.14	\$462.81
Kaiser Permanente CA (HMO; Kaiser)	\$276.97	\$498.55	\$690.02	\$911.60	\$151.43	\$272.58	\$426.39	\$547.54
UC Blue & Gold HMO (Health Net)	\$357.23	\$643.01	\$889.93	\$1,175.71	\$195.37	\$351.67	\$550.02	\$706.32
UC Care (PPO; Blue Shield)	\$395.66	\$712.19	\$970.63	\$1,287.16	\$362.01	\$651.61	\$837.69	\$1,127.29

Dental Plan Costs

UC continues to pay the full cost of dental coverage if you are eligible for 100% of UC's contribution. If you do pay part of the premium, dental coverage costs are increasing by 2.5% for the DeltaCare HMO plan and by 2% for the PPO plan.

Vision Plan Costs		Legal Plan Costs	
	MONTHLY		MONTHLY
SELF	\$12.47		\$11.59
SELF + CHILD(REN)	\$24.32		\$13.95
SELF + ADULT	\$24.11		\$13.95
SELF + FAMILY	\$29.78		\$16.31