UNIVERSITY OF CALIFORNIA

2026 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** / $185.00	**$0.00** / $370.00	**$0.00** / $555.00
UC Medicare Choice (UnitedHealthcare)	**$101.69** / $0.00	**$203.38** / $0.00	**$305.07** / $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** / $185.00	**$0.00** / $370.00	**$0.00** / $555.00

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)	**$58.87** / $0.00	**$0.00** / $77.50	**$251.66** / $0.00	**$0.00** / $347.79
UC Blue & Gold HMO (Health Net)/ UC Medicare Choice (UnitedHealthcare)	**$565.65** / $0.00	**$392.51** / $0.00	**$856.47** / $0.00	**$494.20** / $0.00
UC Care (Blue Shield)/UC Medicare PPO (Anthem)	**$558.68** / $0.00	**$376.20** / $0.00	**$874.44** / $0.00	**$436.64** / $0.00

Plan Cost Key

$0.00 — **Your premium**

$185.00 — **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 $185.00 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)	$292.86	$527.15	$679.08	$913.37	$81.73	$147.11	$266.95	$332.33
Kaiser Permanente CA (HMO; Kaiser)	$240.99	$433.78	$570.15	$762.94	$108.62	$195.51	$315.54	$402.43
UC Blue & Gold HMO (Health Net)	$363.53	$654.35	$827.49	$1,118.31	$146.64	$263.94	$403.84	$521.14
UC Care (PPO; Blue Shield)	$394.70	$710.46	$892.94	$1,208.70	$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 2.1% for the PPO plan.

Vision Plan Costs		Legal Plan Costs
	MONTHLY	MONTHLY
SELF	$12.43	$11.59
SELF + CHILD(REN)	$23.73	$13.95
SELF + ADULT	$23.52	$13.95
SELF + FAMILY	$29.05	$16.31