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

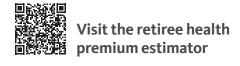
	SELF + ADULT (1 Adult in Medicare)	SELF + CHILD(REN) (Adult in Medicare)	SELF + ADULT and CHILD(REN) (1 Adult in Medicare)	SELF + ADULT and CHILD(REN) (2 Adults in Medicare)
Non-Medicare Plan/Medicare Plan	Your Premium / Part B*	Your Premium / Part B*	Your Premium / Part B*	Your Premium / Part B*
Kaiser 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 (UnitedHealth- care)	\$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.



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. 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.

	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	