

# UC Blue & Gold HMO Coverage Overview 2024

This table is a summary of benefits only.  
For information about the UC Blue & Gold HMO plan, visit [healthnet.com/uc](https://healthnet.com/uc).

Covered Service	You Pay <sup>1</sup>
<b>Medical/Behavioral Health Calendar-Year Deductible</b> (combined with prescription out-of-pocket expenses) <i>The deductible is the amount you pay before the plan begins to share in the cost for covered services.</i>	None
<b>Medical/Behavioral Health Out-of-Pocket Maximum</b> (combined with prescription out-of-pocket expenses) <i>The out-of-pocket maximum is the most you'll pay for covered health care services in a calendar year.</i>	<b>Individual:</b> \$1,000 <b>Family:</b> \$3,000 (Not including out-of-pocket costs for fertility treatment or hearing aids)
<b>Preventive Care</b>	\$0
<b>Doctor and Specialist Visits</b>	\$20 copayment
<b>Prescription Drugs</b>	Retail (30-day supply): \$5 generic; \$25 brand formulary; \$40 non-formulary <sup>2</sup> Mail service or walk-up services available at UC medical centers and CVS pharmacies (90-day supply): \$10 generic; \$50 brand formulary; \$80 non-formulary <sup>2</sup> Specialty drugs (up to a 30-day supply): \$20 <sup>2</sup>
<b>Outpatient Behavioral Health</b>	First 3 visits: \$0; then \$20 copayment for each visit Other behavioral health outpatient visits: \$0 <sup>3</sup>
<b>Chiropractic/Acupuncture</b>	\$20 copayment (24 visits combined max. per calendar year)
<b>24/7 Virtual Care (Teladoc)</b>	\$0
<b>Retail Clinic</b>	\$20 copayment (\$0 if preventive); available at MinuteClinic only
<b>Urgent Care</b>	\$20 copayment
<b>Emergency Care (medical and behavioral health)</b>	\$125 copayment (waived if admitted)
<b>Ambulance Emergency Transport (medical and behavioral health)</b>	\$0

Covered Service	You Pay <sup>1</sup>
<b>X-Ray and Lab Procedures</b>	\$0
<b>Outpatient Surgery</b>	\$100 copayment when performed at a hospital or ambulatory surgical center
<b>Hospitalization (medical and behavioral health)</b>	\$250 copayment per admission
<b>Maternity Care</b>	\$20 for initial visit, then \$0 for all services except hospital stays for which the hospital copayment applies
<b>Coverage Outside California</b>	Only urgent and emergency services covered

1. This table is a summary of benefits only. All benefits are subject to the definitions, limitations and exclusions set forth in the Summary of Benefits included with Open Enrollment information. Employees and non-Medicare retirees are encouraged to review it before making their final decisions.

2. Without prior authorization from Health Net, there is no coverage for brand name drugs when a generic equivalent is available. If it is medically necessary for a member to take a brand name medication and approval is received, the non-formulary copayment will apply.

3. Includes psychological testing, outpatient electroconvulsive therapy, extended-length therapy sessions, biofeedback, applied behavior analysis, methadone maintenance, structured/intensive outpatient program treatment, and partial hospitalization/day treatment.